

BEFORE THE
BOARD OF REGISTERED NURSING
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Petition to Revoke
Probation Against:

PAUL WERREN

Registered Nurse License No. 295460

Respondent

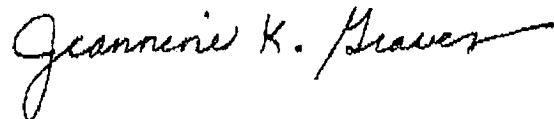
Case No. 96-99

DECISION AND ORDER

The attached Stipulated Surrender of License and Order is hereby adopted by the Board of Registered Nursing, Department of Consumer Affairs, as its Decision in the above entitled matter.

This Decision shall become effective on **March 28, 2011**.

IT IS SO ORDERED **March 28, 2011**.



President
Board of Registered Nursing
Department of Consumer Affairs
State of California

1 KAMALA D. HARRIS
Attorney General of California
2 GREGORY J. SALUTE
Supervising Deputy Attorney General
3 NANCY A. KAISER
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7
8 **BEFORE THE**
9 **BOARD OF REGISTERED NURSING**
10 **DEPARTMENT OF CONSUMER AFFAIRS**
11 **STATE OF CALIFORNIA**

12 In the Matter of the Petition to Revoke
Probation Against,

Case No. 96-99

13 **PAUL WERREN**
1516 Butler Avenue, #8
14 Los Angeles, CA 90025

**STIPULATED SURRENDER OF
LICENSE AND ORDER**

15 **Registered Nurse License No. 295460**

16 Respondent.

17 In the interest of a prompt and speedy resolution of this matter, consistent with the public
18 interest and the responsibility of the Board of Registered Nursing, the parties hereby agree to the
19 following Stipulated Surrender of License and Order which will be submitted to the Board of
20 Registered Nursing for approval and adoption as the final disposition of the Petition to Revoke
21 Probation.

22 **PARTIES**

23 1. Louise R. Bailey, M.Ed., R.N. (Complainant) is the Executive Officer of the Board
24 of Registered Nursing. She brought this action solely in her official capacity and is represented in
25 this matter by Kamala D. Harris, Attorney General of the State of California, by Nancy A. Kaiser,
26 Deputy Attorney General.

27 2. Respondent Paul Werren (Respondent) is representing himself in this proceeding
28 and has chosen not to exercise his right to be represented by counsel.

1 3. On or about August 31, 1978, the Board of Registered Nursing issued Registered
2 Nurse License Number 295460 to Paul Werren (Respondent). Respondent's Registered Nurse
3 License will expire on February 29, 2012, unless renewed.

4 JURISDICTION

5 4. Petition to Revoke Probation No. 96-99 was filed before the Board of Registered
6 Nursing (Board), and is currently pending against Respondent. The Petition to Revoke Probation
7 and all other statutorily required documents were properly served on Respondent on December 3,
8 2010. Respondent timely filed his Notice of Defense contesting the Petition to Revoke Probation.
9 A copy of Petition to Revoke Probation No. 96-99 is attached as Exhibit A and incorporated
10 herein by reference.

11 ADVISEMENT AND WAIVERS

12 5. Respondent has carefully read and understands the charges and allegations in
13 Petition to Revoke Probation No. 96-99. Respondent also has carefully read and understands the
14 effects of this Stipulated Surrender of License and Order.

15 6. Respondent is fully aware of his legal rights in this matter, including the right to a
16 hearing on the charges and allegations in the Petition to Revoke Probation; the right to be
17 represented by counsel, at his own expense; the right to confront and cross-examine the witnesses
18 against him; the right to present evidence and to testify on his own behalf; the right to the
19 issuance of subpoenas to compel the attendance of witnesses and the production of documents;
20 the right to reconsideration and court review of an adverse decision; and all other rights accorded
21 by the California Administrative Procedure Act and other applicable laws.

22 7. Respondent voluntarily, knowingly, and intelligently waives and gives up each and
23 every right set forth above.

24 CULPABILITY

25 8. Respondent admits the truth of each and every charge and allegation in Petition to
26 Revoke Probation No. 96-99, agrees that cause exists for discipline and hereby surrenders his
27 Registered Nurse License No. 295460 for the Board's formal acceptance.

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1 9. Respondent understands that by signing this stipulation he enables the Board's
2 order accepting the surrender of his Registered Nurse License without further process.

3 CONTINGENCY

4 10. This stipulation shall be subject to approval by the Board. Respondent
5 understands and agrees that counsel for Complainant and staff of the Board may communicate
6 directly with the Board regarding this stipulation and settlement, without notice to or participation
7 by Respondent. By signing the stipulation, Respondent understands and agrees that he may not
8 withdraw his agreement or seek to rescind the stipulation prior to the time the Board considers
9 and acts upon it. If the Board fails to adopt this stipulation as the Decision and Order, the
10 Stipulated Surrender of License and Order shall be of no force or effect, except for this paragraph,
11 it shall be inadmissible in any other criminal or civil proceeding.

12 11. The parties understand and agree that facsimile copies of this Stipulated Surrender
13 of License and Order, including facsimile signatures thereto, shall have the same force and effect
14 as the originals.

15 12. In consideration of the foregoing admissions and stipulations, the parties agree that
16 the Board may, without further notice or formal proceeding, issue and enter the following Order:

17 ORDER

18 IT IS HEREBY ORDERED that Registered Nurse License No. 295460, issued to
19 Respondent Paul Werren is surrendered and accepted by the Board of Registered Nursing.

20 13. The surrender of Respondent's Registered Nurse License and the acceptance of the
21 surrendered license by the Board shall constitute the imposition of discipline against Respondent.
22 This stipulation constitutes a record of the discipline and shall become a part of Respondent's
23 license history with the Board.

24 14. Respondent shall lose all rights and privileges as a Registered Nurse in California
25 as of the effective date of the Board's Decision and Order.

26 15. Respondent shall cause to be delivered to the Board pocket license certificate on or
27 before the effective date of the Decision and Order.

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1 16. Respondent fully understands and agrees that if he ever files an application for
2 licensure or a petition for reinstatement in the State of California, the Board shall treat it as a
3 petition for reinstatement. Respondent must comply with all the laws, regulations and procedures
4 for reinstatement of a revoked license in effect at the time the petition is filed, and all of the
5 charges and allegations contained in Petition to Revoke Probation No. 96-99 shall be deemed to
6 be true, correct and admitted by Respondent when the Board determines whether to grant or deny
7 the petition.


8 18. Should Respondent ever apply or reapply for a new license or certification, or
9 petition for reinstatement of a license, by any other health care licensing agency in the State of
10 California, all of the charges and allegations contained in Petition to Revoke Probation, No. 96-99
11 shall be deemed to be true, correct, and admitted by Respondent for the purpose of any Statement
12 of Issues or any other proceeding seeking to deny or restrict licensure.

13 19. Respondent shall not apply for licensure or petition for reinstatement for two (2)
14 years from the effective date of the Board's Decision and Order.

15 ACCEPTANCE

16 I have carefully read the above Stipulated Surrender of License and Order. I understand
17 the stipulation and the effect it will have on my Registered Nurse License. I enter into this
18 Stipulated Surrender of License and Order voluntarily, knowingly, and intelligently, and agree to
19 be bound by the Decision and Order of the Board of Registered Nursing.

20 DATED: 01-13-2011

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22 
23 PAUL WERREN
24 Respondent
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ENDORSEMENT

The foregoing Stipulated Surrender of License and Order is hereby respectfully submitted
for consideration by the Board of Registered Nursing.

DATED: 1/31/11

KAMALA D. HARRIS, Attorney General
of the State of California
GREGORY J. SALUTE
Supervising Deputy Attorney General



NANCY A. KAISER
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

Petition to Revoke Probation No. 96-99

1 EDMUND G. BROWN JR.
Attorney General of California
2 GREGORY J. SALUTE
Supervising Deputy Attorney General
3 NANCY A. KAISER
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6 Facsimile: (213) 897-2804
Attorneys for Complainant
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9 **BEFORE THE**
BOARD OF REGISTERED NURSING
10 **DEPARTMENT OF CONSUMER AFFAIRS**
STATE OF CALIFORNIA

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13 In the Matter of the Petition to Revoke
Probation Against,

Case No. 96-99

14 **PAUL WERREN**
15 1516 Butler Avenue, #8
Los Angeles, CA 90025

PETITION TO REVOKE PROBATION

16 **Registered Nurse License No. 295460**

17 Respondent.
18

19
20 Complainant alleges:

21 **PARTIES**

- 22 1. Louise R. Bailey, M.Ed., R.N. (Complainant) brings this Petition to Revoke Probation
23 solely in her official capacity as the Executive Officer of the Board of Registered Nursing.
24 2. On or about August 31, 1978, the Board of Registered Nursing issued Registered
25 Nurse License Number 295460 to Paul Werren (Respondent). Respondent's Registered Nurse
26 License will expire on February 29, 2012, unless renewed.

27 ///

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1 3. On or about July 17, 1984, the Board of Registered Nursing issued Nurse Anesthetist
2 Certificate No. 680 to Respondent. Respondent's Nurse Anesthetist Certificate was revoked,
3 effective July 30, 2000.

4 4. In a disciplinary action entitled "In the Matter of Accusation Against Paul Werren,"
5 Case No. 96-99, the Board of Registered Nursing, issued a decision, effective July 30, 2000, in
6 which Respondent's Registered Nurse License and Nurse Anesthetist Certificate were revoked.
7 However, the revocation of Respondent's Registered Nurse License was stayed and placed on
8 probation for a period of three (3) years with certain terms and conditions. Due to Respondent's
9 noncompliance of the probation terms, a Petition to Revoke Probation was filed and Respondent's
10 Registered Nurse License was revoked pursuant to a Default Decision and Order, effective July
11 12, 2003.

12 5. On December 7, 2006, the Board granted Respondent's Petition for Reinstatement of
13 his Registered Nurse License (Reinstatement Decision). Pursuant to the Reinstatement Decision,
14 Respondent's Registered Nurse License was renewed on December 14, 2006, and revoked,
15 revocation stayed, and placed on probation for a period of three (3) years. A copy of the
16 Reinstatement Decision is attached as Exhibit A and is incorporated by reference. On June 24,
17 2009, probation was extended for one (1) year until December 6, 2010.

18 JURISDICTION

19 6. This Petition to Revoke Probation is brought before the Board of Registered
20 Nursing, under the authority of the following laws. All section references are to the Business and
21 Professions Code unless otherwise indicated. The probation included the following terms and
22 conditions:

23 Condition No. 2: Comply with the Board's Probation Program
24 [Reinstatement Decision of the Board of Registered Nursing, page 4]:

25 Respondent shall fully comply with the conditions of the Probation Program
26 established by the Board and cooperate with representatives of the Board in its
27 monitoring and investigation of the Respondent's compliance with the Board's
28 Probation Program. Respondent shall inform the Board in writing within no more
than 15 days of any address change and shall at all times maintain an active,
current license status with the Board, including during any period of suspension.

1 Upon successful completion of probation, Respondent's license shall be fully
2 restored.

3 Condition No. 5: Submit Written Reports

4 [Reinstatement Decision of the Board of Registered Nursing, page 5]

5 Respondent, during the period of probation, shall submit or cause to be submitted
6 such written reports/declarations and verification of actions under penalty of perjury, as
7 required by the Board. These reports/declarations shall contain statements relative to
8 Respondent's compliance with all the conditions of the Board's Probation Program.
9 Respondent shall immediately execute all release of information forms as may be
10 required by the Board or its representatives. Respondent shall provide a copy of this
11 decision to the nursing regulatory agency in every state and territory in which he or
12 she has a registered nurse license.

13 Condition No. 6: Function As A Registered Nurse

14 [Reinstatement Decision of the Board of Registered Nursing, page 5]

15 Respondent, during the period of probation, shall engage in the practice of
16 registered nursing in California for a minimum of 24 hours per week for 6
17 consecutive months or as determined by the Board. For purposes of compliance
18 with the section, "engage in the practice of registered nursing" may include, when
19 approved by the Board, volunteer work as a registered nurse, or work in any non-
20 direct patient care position that requires licensure as a registered nurse. The Board
21 may require that advanced practice nurses engage in advanced practice nursing for
22 a minimum of 24 hours per week for 6 consecutive months or as determined by the
23 Board. If Respondent has not complied with this condition during the probationary
24 term, and the Respondent has presented sufficient documentation of his or her
25 good faith efforts to comply with this condition, and if no other conditions have
26 been violated, the Board, in its discretion, may grant an extension of the
27 Respondent's probation period up to one year without further hearing in order to
28 comply with this condition. During the one-year extension, all original conditions
of probation shall apply.

Condition No. 12. Violation of Probation

[Reinstatement Decision of the Board of Registered Nursing, page 7]

If a Respondent violates the conditions of his/her probation, the Board after
giving the Respondent notice and an opportunity to be heard, may set aside the
stay order and impose the stayed discipline (revocation/suspension) of the
Respondent's license. If during the period of probation, an accusation or petition to
revoke probation has been filed against Respondent's license or the Attorney
General's Office has been requested to prepare an accusation or petition to revoke
probation against the Respondent's license, the probationary period shall
automatically be extended and shall not expire until the accusation or petition has
been acted upon by the Board.

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Condition No. 17. Submit To Tests and Samples

[Reinstatement Decision of the Board of Registered Nursing, page 10]

Respondent, at his/her expense, shall participate in a random, biological fluid testing or a drug screening program which the Board approves. The length of time and frequency will be subject to approval by the Board. The Respondent is responsible for keeping the Board informed of Respondent's current telephone number at all times. Respondent shall also ensure that messages may be left at the telephone number when he/she is not available and ensure that reports are submitted directly by the testing agency to the Board, as directed. Any confirmed positive finding shall be reported immediately to the Board by the program and the Respondent shall be considered in violation of probation. In addition, Respondent, at any time during the period of probation, shall fully cooperate with the Board or any of its representatives, and shall, when requested, submit to such tests and samples as the Board or its representatives may require for the detection of alcohol, narcotics, hypnotics, dangerous drugs, or other controlled substances. If Respondent has a positive drug screen for any substance not legally authorized and not reported to the coordinating physician, nurse practitioner, or physician assistant, and the Board files a petition to revoke probation or an accusation, the Board may suspend Respondent from practice pending the final decision on the petition to revoke probation or the accusation. This period of suspension will not apply to the reduction of this probationary time period. If Respondent fails to participate in a random, biological fluid testing or drug screening program within the specified time frame, the Respondent shall immediately cease practice and shall not resume practice until notified by the Board. After taking into account documented evidence of mitigation, if the Board files a petition to revoke probation or an accusation, the Board may suspend Respondent from practice pending the final decision on the petition to revoke probation or the accusation. This period of suspension will not apply to the reduction of this probationary time period.

STATUTORY PROVISIONS

7. Section 2750 of the Business and Professions Code (Code) provides, in pertinent part, that the Board may discipline any licensee, including a licensee holding a temporary or an inactive license, for any reason provided in Article 3 (commencing with section 2750) of the Nursing Practice Act.

8. Section 2764 of the Code provides, in pertinent part, that the expiration of a license shall not deprive the Board of jurisdiction to proceed with a disciplinary proceeding against the licensee or to render a decision imposing discipline on the license. Under section 2811(b) of the Code, the Board may renew an expired license at any time within eight years after the expiration.

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1 **FIRST CAUSE TO REVOKE PROBATION**

2 **(Failure to Comply with Board's Probation Program)**

3 9. Respondent's probation is subject to revocation because he failed to comply with
4 Probation Condition 2 (Comply with Board's Probation Program), in that he failed to cooperate
5 with Board staff in its monitoring and investigating Respondent's compliance with the Probation
6 Program, as set forth in paragraphs 9 through 11; below.

7 **SECOND CAUSE TO REVOKE PROBATION**

8 **(Failed to Comply with Written Reports Conditions)**

9 10. Respondent's probation is subject to revocation because he failed to comply with
10 Probation Condition Number 5 (Written Reports), referenced above. Respondent failed to submit
11 the following written reports, as required:

- 12 a. Quarterly Report for July 1, 2010 - September 30, 2010
13 b. Nurse Support Group and AA Report for July 1, 2010, through September 30,
14 2010.

15 **THIRD CAUSE TO REVOKE PROBATION**

16 **(Failed to Comply with Employment Condition)**

17 11. Respondent's probation is subject to revocation because he failed to comply with
18 Probation Condition Number 6 (Employment), referenced above. Respondent failed to function
19 as a Registered Nurse. Respondent's probation was extended on June 24, 2009, to allow
20 Respondent to complete the employment condition of his probation. Respondent did not meet
21 this condition.

22 **FOURTH CAUSE TO REVOKE PROBATION**

23 **(Failed to Comply with Drug Testing Condition)**

24 12. Respondent's probation is subject to revocation because he failed to comply with
25 Probation Condition Number 17 (Drug Testing), referenced above. Respondent failed to submit
26 to drug and alcohol tests and samples, as required. Respondent did not call or check in with
27
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1 FirstLab¹ on a daily basis, as required, from October 6, 2010, through November 9, 2010, and
2 missed random drug testing on October 11, 2010, and October 25, 2010.

3 PRAYER

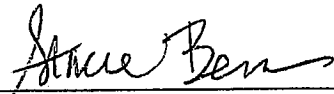
4 WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged,
5 and that following the hearing, the Board of Registered Nursing issue a decision:

6 1. Revoking or suspending Registered Nurse License No. 295460, issued to Paul
7 Werren;

8 2. Revoking the probation that was granted by the Board in Case No. 96-99, and
9 imposing the disciplinary order that was stayed, thereby revoking Registered Nurse License No.
10 295460, issued to Respondent;

11 3. Taking such other and further action as deemed necessary and proper.

12
13 DATED: December 3, 2010



14 for LOUISE R. BAILEY, M.ED., R.N.
15 Executive Officer
16 Board of Registered Nursing
17 State of California
18 Complainant

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28 ¹ FirstLab is a third party administrator of the Board's substance abuse testing programs.

BEFORE THE
BOARD OF REGISTERED NURSING
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Petition for
Reinstatement:

PAUL WERREN

Registered Nurse License No. 295460

Petitioner.

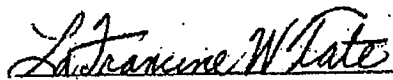
OAH No. L2006080696

DECISION

The attached Decision of the Board of Registered Nursing is hereby adopted by the Board as its Decision in the above-entitled matter.

This Decision shall become effective on December 7, 2006.

IT IS SO ORDERED this 7th day of November 2006.



President
Board of Registered Nursing
Department of Consumer Affairs
State of California

**BEFORE THE
BOARD OF REGISTERED NURSING
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

In the Matter of the Petition for Reinstatement of:

PAUL WERREN

Registered Nurse License No. 295460

Petitioner.

OAH No. L2006080696

**DECISION GRANTING THE
PETITION**

This matter was heard by a quorum of the Board of Registered Nursing (Board) on September 14, 2006, in Ontario, California. The Board members participating in the hearing and decision were LaFrancine Tate, Public Member, President; Grace Corse, RN, Vice-President; Carmen Morales-Board, MSN, RN, NP; Elizabeth O. Dietz, Ed.D., RN, CS-NP; Orlando H. Pile, M.D.; and Susanne Phillips, MSN, RN, APRN-BC, FNP. Eric Sawyer, Administrative Law Judge, Office of Administrative Hearings, State of California, presided.

Petitioner was present and represented himself. Nancy A. Kaiser, Deputy Attorney General, represented the Office of the Attorney General, California Department of Justice.

The petition and other relevant documents were presented. Petitioner and the Deputy Attorney General made oral presentations to the Board. Petitioner responded to questions of Board members and the Deputy Attorney General. The record was closed, the Board met in executive session, and the matter was submitted on September 14, 2006.

FACTUAL FINDINGS

1. On August 31, 1978, the Board issued Registered Nurse License No. 295460 (license) to Petitioner.

2. The Board, by a Decision After Reconsideration, effective July 30, 2000, revoked Petitioner's license, stayed the revocation and placed the license on probation for three years, under various terms and conditions.¹ Petitioner was also ordered to pay the Board costs in the amount of \$10,705.87. The basis for that discipline were findings by the Board that Petitioner between 1982 and 1991 had regularly stolen drugs and self-administered them while on duty at a hospital; for several months in 1994 had made erroneous entries in hospital records while on duty; and that in March 1994, while on duty, had removed an arterial line from a patient before surgery had ended.

¹ The Board also revoked outright a nurse anesthetist certificate that had been issued to Petitioner in 1984. The instant petition did not request reinstatement of that certificate.

3A. The Board, by a Default Decision and Order, effective July 12, 2003, set aside the stay and revoked Petitioner's license in resolution of Board case number 96-99. Although the Board acknowledged that Petitioner had previously been ordered to pay costs to the Board as a condition of probation (and no evidence indicated that Petitioner had subsequently made any such payments), Petitioner was not ordered to pay any cost recovery to the Board in the Decision revoking his license.

3B. The Board's outright revocation of the license was based on findings that Petitioner had violated several conditions of his probation, including but not limited to failing to report for probation interviews, failing to provide evidence of support group meeting attendance, testing positive for Fentanyl, and failing to submit to several drug screenings.

4. The instant petition was filed on July 17, 2006, and meets all jurisdictional requirements.

5. The Board is persuaded by Petitioner's testimony that his failure to comply with his prior probation was due, in large measure, to financial problems which made it difficult for him to meet many of the requirements. Petitioner testified that he believed he had surrendered his license for that reason, and was therefore no longer required to comply.

6. There is no evidence that Petitioner has committed any subsequent act which would be a violation of the pertinent laws related to the Board's licensees or which would be considered grounds for denial of an application for a license.

7. Petitioner established his present ability to safely practice as a registered nurse relative to his addiction problem. For example, he completed a 12-month chemical dependency program in 1992 and completed a five-month drug abuse recovery program in 1996, he has regularly attended counseling from 2001 to the present, and has become certified as an addiction treatment counselor. Petitioner has been sober since May 10, 1991. He attends support group meetings once a week and has a sponsor. Petitioner also presented favorable letters of recommendation from some of his addiction counselors, former supervisors at work, and a social acquaintance, who all corroborated Petitioner's sobriety.

8. Petitioner last worked as a nurse in 2001. He was thereafter gainfully employed through October 2005 as a chemical dependency counselor. Petitioner likes working in that field and he feels that getting his license back would expand his employment opportunities. The Board is impressed that Petitioner is motivated to stay sober, in part, by his interest in continuing to work in that field.

9. Petitioner established it would not be inconsistent with the public interest to reinstate his license, under appropriate terms and conditions.

LEGAL CONCLUSIONS

1. Petitioner has the burden of establishing by clear and convincing evidence that he is entitled to the requested relief. (Bus. & Prof. Code, § 2760.1, subd. (b).)

2. Petitioner clearly and convincingly established that cause exists to reinstate his license, pursuant to Business and Professions Code section 2760.1, and California Code of Regulations, title 16, section 1445. Petitioner established sufficient rehabilitation from his substance abuse problem. Under these circumstances, the Board is satisfied that public protection will not be jeopardized by reinstating Petitioner's license. (Factual Findings 1-9.)

3. However, the public will be fully protected only if such reinstatement is on a probationary basis. Both Government Code section 11522, and Business and Professions Code section 2760.1, subdivision (e), provide the Board with the authority to reinstate a previously revoked license upon appropriate "terms and conditions." In this case, much of Petitioner's past misconduct related to a substance abuse problem. The other misconduct related to Petitioner's use of his nurse anesthetist certificate, which is not subject to reinstatement in this matter. Petitioner has been sober for a substantial period of time. Thus, only a three-year probation is warranted, but with terms and conditions including that he comply with the Board's addiction recovery program. Since Petitioner has not been involved in nursing in over five years, he must also complete a nursing refresher course. (Factual Findings 1-9.)

ORDER

The petition of Paul Werren (hereinafter Respondent) for reinstatement of licensure is granted. A license shall be issued to Respondent. Said license shall immediately be revoked, the order of revocation stayed, and Respondent placed on probation for a period of three years. Respondent shall enroll in and successfully complete a refresher course or an equivalent set of courses as approved by representatives of the Board. Respondent is suspended from practice until the required course work is successfully completed, but may use his license for the limited purpose of completing requirements of the required course work. The probation includes the following terms and conditions:

SEVERABILITY CLAUSE

Each condition of probation contained herein is a separate and distinct condition. If any condition of this Order, or any application thereof, is declared unenforceable in whole, in part, or to any extent, the remainder of this Order, and all other applications thereof, shall not be affected. Each condition of this Order shall separately be valid and enforceable to the fullest extent permitted by law.

(1) OBEY ALL LAWS

Respondent shall obey all federal, state and local laws. A full and detailed account of any and all violations of law shall be reported by the Respondent to the Board in writing within seventy-two (72) hours of occurrence. To permit monitoring of compliance with this condition, Respondent shall submit completed fingerprint forms and fingerprint fees within 45 days of the effective date of the decision, unless previously submitted as part of the licensure application process.

CRIMINAL COURT ORDERS: If Respondent is under criminal court orders, including probation or parole, and the order is violated, this shall be deemed a violation of these probation conditions, and may result in the filing of an accusation and/or petition to revoke probation.

(2) COMPLY WITH THE BOARD'S PROBATION PROGRAM

Respondent shall fully comply with the conditions of the Probation Program established by the Board and cooperate with representatives of the Board in its monitoring and investigation of the Respondent's compliance with the Board's Probation Program. Respondent shall inform the Board in writing within no more than 15 days of any address change and shall at all times maintain an active, current license status with the Board, including during any period of suspension.

Upon successful completion of probation, Respondent's license shall be fully restored.

(3) REPORT IN PERSON

Respondent, during the period of probation, shall appear in person at interviews/meetings as directed by the Board or its designated representatives.

(4) RESIDENCY, PRACTICE, OR LICENSURE OUTSIDE OF STATE

Periods of residency or practice as a registered nurse outside of California shall not apply toward a reduction of this probation time period. Respondent's probation is tolled, if and when he or she resides outside of California. The Respondent must provide written notice to the Board within 15 days of any change of residency or practice outside the state, and within 30 days prior to re-establishing residency or returning to practice in this state.

Respondent shall provide a list of all states and territories where he or she has ever been licensed as a registered nurse, vocational nurse, or practical nurse. Respondent shall further provide information regarding the status of each license and any changes in such license status during the term of probation. Respondent shall inform the Board if he/she applies for or obtains a new nursing license during the term of probation.

(5) SUBMIT WRITTEN REPORTS

Respondent, during the period of probation, shall submit or cause to be submitted such written reports/declarations and verification of actions under penalty of perjury, as required by the Board. These reports/declarations shall contain statements relative to Respondent's compliance with all the conditions of the Board's Probation Program. Respondent shall immediately execute all release of information forms as may be required by the Board or its representatives. Respondent shall provide a copy of this decision to the nursing regulatory agency in every state and territory in which he or she has a registered nurse license.

(6) FUNCTION AS A REGISTERED NURSE

Respondent, during the period of probation, shall engage in the practice of registered nursing in California for a minimum of 24 hours per week for 6 consecutive months or as determined by the Board.

For purposes of compliance with the section, "engage in the practice of registered nursing" may include, when approved by the Board, volunteer work as a registered nurse, or work in any non-direct patient care position that requires licensure as a registered nurse.

The Board may require that advanced practice nurses engage in advanced practice nursing for a minimum of 24 hours per week for 6 consecutive months or as determined by the Board.

If Respondent has not complied with this condition during the probationary term, and the Respondent has presented sufficient documentation of his or her good faith efforts to comply with this condition, and if no other conditions have been violated, the Board, in its discretion, may grant an extension of the Respondent's probation period up to one year without further hearing in order to comply with this condition. During the one-year extension, all original conditions of probation shall apply.

(7) EMPLOYMENT APPROVAL AND REPORTING REQUIREMENTS

Respondent shall obtain prior approval from the Board before commencing or continuing any employment, paid or voluntary, as a registered nurse. Respondent shall cause to be submitted to the Board all performance evaluations and other employment related reports as a registered nurse upon request of the Board.

Respondent shall provide a copy of this decision to his or her employer and immediate supervisors prior to commencement of any nursing or other health care related employment.

In addition to the above, Respondent shall notify the Board in writing within seventy-two (72) hours after he or she obtains any nursing or other health care related employment. Respondent shall notify the Board in writing within seventy-two (72) hours after he or she is terminated or separated, regardless of cause, from any nursing, or other health care related employment with a full explanation of the circumstances surrounding the termination or separation.

(8) SUPERVISION

Respondent shall obtain prior approval from the Board regarding Respondent's level of supervision and/or collaboration before commencing or continuing any employment as a registered nurse, or education and training that includes patient care.

Respondent shall practice only under the direct supervision of a registered nurse in good standing (no current discipline) with the Board of Registered Nursing, unless alternative methods of supervision and/or collaboration (e.g., with an advanced practice nurse or physician) are approved.

Respondent's level of supervision and/or collaboration may include, but is not limited to the following:

- (a) Maximum - The individual providing supervision and/or collaboration is present in the patient care area or in any other work setting at all times.
- (b) Moderate - The individual providing supervision and/or collaboration is in the patient care unit or in any other work setting at least half the hours Respondent works.
- (c) Minimum - The individual providing supervision and/or collaboration has person-to-person communication with Respondent at least twice during each shift worked.
- (d) Home Health Care - If Respondent is approved to work in the home health care setting, the individual providing supervision and/or collaboration shall have person-to-person communication with Respondent as required by the Board each work day. Respondent shall maintain telephone or other telecommunication contact with the individual providing supervision and/or collaboration as required by the Board during each work day. The individual providing supervision and/or collaboration shall conduct, as required by the Board, periodic, on-site visits to patients' homes visited by the Respondent with or without Respondent present.

(9) EMPLOYMENT LIMITATIONS

Respondent shall not work for a nurse's registry, in any private duty position as a registered nurse, a temporary nurse placement agency, a traveling nurse, or for an in-house nursing pool.

Respondent shall not work for a licensed home health agency as a visiting nurse unless the registered nursing supervision and other protections for home visits have been approved by the Board. Respondent shall not work in any other registered nursing occupation where home visits are required.

Respondent shall not work in any health care setting as a supervisor of registered nurses. The Board may additionally restrict Respondent from supervising licensed vocational nurses and/or unlicensed assistive personnel on a case-by-case basis.

Respondent shall not work as a faculty member in an approved school of nursing or as an instructor in a Board approved continuing education program.

Respondent shall work only on a regularly assigned, identified and predetermined worksite(s) and shall not work in a float capacity.

If the Respondent is working or intends to work in excess of 40 hours per week, the Board may request documentation to determine whether there should be restrictions on the hours of work.

(10) COMPLETE A NURSING COURSE(S)

Respondent, at his or her own expense, shall enroll and successfully complete a course(s) relevant to the practice of registered nursing no later than six months prior to the end of his or her probationary term.

Respondent shall obtain prior approval from the Board before enrolling in the course(s). Respondent shall submit to the Board the original transcripts or certificates of completion for the above required course(s). The Board shall return the original documents to Respondent after photocopying them for its records.

(11) COST RECOVERY

Respondent owes no costs to the Board associated with its prior disciplinary matter.

(12) VIOLATION OF PROBATION

If a Respondent violates the conditions of his/her probation, the Board after giving the Respondent notice and an opportunity to be heard, may set aside the stay order and impose the stayed discipline (revocation/suspension) of the Respondent's license.

If during the period of probation, an accusation or petition to revoke probation has been filed against Respondent's license or the Attorney General's Office has been requested to prepare an accusation or petition to revoke probation against the Respondent's license, the probationary period shall automatically be extended and shall not expire until the accusation or petition has been acted upon by the Board.

(13) LICENSE SURRENDER

During Respondent's term of probation, if he or she ceases practicing due to retirement, health reasons or is otherwise unable to satisfy the conditions of probation, Respondent may surrender his or her license to the Board. The Board reserves the right to evaluate Respondent's request and to exercise its discretion whether to grant the request, or to take any other action deemed appropriate and reasonable under the circumstances, without further hearing. Upon formal acceptance of the tendered license and wall certificate, Respondent will no longer be subject to the conditions of probation.

Surrender of Respondent's license shall be considered a disciplinary action and shall become a part of Respondent's license history with the Board. A registered nurse whose license has been surrendered may petition the Board for reinstatement no sooner than the following minimum periods from the effective date of the disciplinary decision:

1. Two years for reinstatement of a license that was surrendered for any reason other than a mental or physical illness; or
2. One year for a license surrendered for a mental or physical illness.

(14) PHYSICAL EXAMINATION

Within 45 days of the effective date of this decision, Respondent, at his/her expense, shall have a licensed physician, nurse practitioner, or physician assistant, who is approved by the Board before the assessment is performed, submit an assessment of the Respondent's physical condition and capability to perform the duties of a registered nurse. Such an assessment shall be submitted in a format acceptable to the Board. If medically determined, a recommended treatment program will be instituted and followed by the Respondent with the physician, nurse practitioner, or physician assistant providing written reports to the Board on forms provided by the Board.

If Respondent is determined to be unable to practice safely as a registered nurse, the licensed physician, nurse practitioner, or physician assistant making this determination shall immediately notify the Board and Respondent by telephone, and the Board shall request that the Attorney General's office prepare an accusation or petition to revoke probation. Respondent shall immediately cease practice and shall not resume practice until notified by the Board. During this period of suspension, Respondent shall not engage in any practice for which a license issued by the Board is required until the Board has notified Respondent that a medical determination permits Respondent to resume practice. This period of suspension will not apply to the reduction of this probationary time period.

If the Respondent fails to have the above assessment submitted to the Board within the 45-day requirement, Respondent shall immediately cease practice and shall not resume practice until notified by the Board. This period of suspension will not apply to the reduction of this probationary time period. The Board may waive or postpone this suspension only if

significant, documented evidence of mitigation is provided. Such evidence must establish good faith efforts by the Respondent to obtain the assessment, and a specific date for compliance must be provided. Only one such waiver or extension may be permitted.

(15) PARTICIPATE IN TREATMENT/REHABILITATION PROGRAM FOR CHEMICAL DEPENDENCE

Respondent, at his/her expense, shall successfully complete during the probationary period or shall have successfully completed prior to commencement of probation a Board-approved treatment/rehabilitation program of at least six months duration. As required, reports shall be submitted by the program on forms provided by the Board. If Respondent has not completed a Board-approved treatment/rehabilitation program prior to commencement of probation, Respondent, within 45 days from the effective date of the decision, shall be enrolled in a program. If a program is not successfully completed within the first nine months of probation, the Board shall consider Respondent in violation of probation.

Based on Board recommendation, each week Respondent shall be required to attend at least one, but no more than five 12-step recovery meetings or equivalent (e.g., Narcotics Anonymous, Alcoholics Anonymous, etc.) and a nurse support group as approved and directed by the Board. If a nurse support group is not available, an additional 12-step meeting or equivalent shall be added. Respondent shall submit dated and signed documentation confirming such attendance to the Board during the entire period of probation. Respondent shall continue with the recovery plan recommended by the treatment/rehabilitation program or a licensed mental health examiner and/or other ongoing recovery groups.

(16) ABSTAIN FROM USE OF PSYCHOTROPIC (MOOD-ALTERING) DRUGS

Respondent shall completely abstain from the possession, injection or consumption by any route of all psychotropic (mood altering) drugs, including alcohol, except when the same are ordered by a health care professional legally authorized to do so as part of documented medical treatment. Respondent shall have sent to the Board, in writing and within fourteen (14) days, by the prescribing health professional, a report identifying the medication, dosage, the date the medication was prescribed, the Respondent's prognosis, the date the medication will no longer be required, and the effect on the recovery plan, if appropriate.

Respondent shall identify for the Board a single physician, nurse practitioner or physician assistant who shall be aware of Respondent's history of substance abuse and will coordinate and monitor any prescriptions for Respondent for dangerous drugs, controlled substances or mood-altering drugs. The coordinating physician, nurse practitioner, or physician assistant shall report to the Board on a quarterly basis Respondent's compliance with this condition. If any substances considered addictive have been prescribed, the report shall identify a program for the time limited use of any such substances.

The Board may require the single coordinating physician, nurse practitioner, or physician assistant to be a specialist in addictive medicine, or to consult with a specialist in addictive medicine.

(17) SUBMIT TO TESTS AND SAMPLES

Respondent, at his/her expense, shall participate in a random, biological fluid testing or a drug screening program which the Board approves. The length of time and frequency will be subject to approval by the Board. The Respondent is responsible for keeping the Board informed of Respondent's current telephone number at all times. Respondent shall also ensure that messages may be left at the telephone number when he/she is not available and ensure that reports are submitted directly by the testing agency to the Board, as directed. Any confirmed positive finding shall be reported immediately to the Board by the program and the Respondent shall be considered in violation of probation.

In addition, Respondent, at any time during the period of probation, shall fully cooperate with the Board or any of its representatives, and shall, when requested, submit to such tests and samples as the Board or its representatives may require for the detection of alcohol, narcotics, hypnotics, dangerous drugs, or other controlled substances.

If Respondent has a positive drug screen for any substance not legally authorized and not reported to the coordinating physician, nurse practitioner, or physician assistant, and the Board files a petition to revoke probation or an accusation, the Board may suspend Respondent from practice pending the final decision on the petition to revoke probation or the accusation. This period of suspension will not apply to the reduction of this probationary time period.

If Respondent fails to participate in a random, biological fluid testing or drug screening program within the specified time frame, the Respondent shall immediately cease practice and shall not resume practice until notified by the Board. After taking into account documented evidence of mitigation, if the Board files a petition to revoke probation or an accusation, the Board may suspend Respondent from practice pending the final decision on the petition to revoke probation or the accusation. This period of suspension will not apply to the reduction of this probationary time period.

(18) MENTAL HEALTH EXAMINATION

The Respondent shall, within 45 days of the effective date of this decision, have a mental health examination including psychological testing as appropriate to determine his/her capability to perform the duties of a registered nurse. The examination will be performed by a psychiatrist, psychologist or other licensed mental health practitioner approved by the Board. The examining mental health practitioner will submit a written report of that assessment and recommendations to the Board. All costs are the responsibility

of the Respondent. Recommendations for treatment, therapy or counseling made as a result of the mental health examination will be instituted and followed by the Respondent.

If Respondent is determined to be unable to practice safely as a registered nurse, the licensed mental health care practitioner making this determination shall immediately notify the Board and Respondent by telephone, and the Board shall request that the Attorney General's office prepare an accusation or petition to revoke probation. Respondent shall immediately cease practice and may not resume practice until notified by the Board. During this period of suspension, Respondent shall not engage in any practice for which a license issued by the Board is required, until the Board has notified Respondent that a mental health determination permits Respondent to resume practice. This period of suspension will not apply to the reduction of this probationary time period.

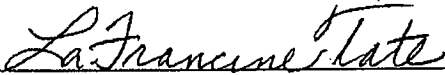
If the Respondent fails to have the above assessment submitted to the Board within the 45-day requirement, Respondent shall immediately cease practice and shall not resume practice until notified by the Board. This period of suspension will not apply to the reduction of this probationary time period. The Board may waive or postpone this suspension only if significant, documented evidence of mitigation is provided. Such evidence must establish good faith efforts by the Respondent to obtain the assessment, and a specific date for compliance must be provided. Only one such waiver or extension may be permitted.

(19) THERAPY OR COUNSELING PROGRAM

Respondent, at his expense, shall participate in an on-going counseling program until such time as the Board releases him from this requirement and only upon the recommendation of the counselor. Written progress reports from the counselor will be required at various intervals.

IT IS SO ORDERED. This Decision shall be effective December 7, 2006.

Dated: November 7, 2006.


LaFrancine Tate, Public Member, President,
For the Board of Registered Nursing
Department of Consumer Affairs

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8 **BEFORE THE**
9 **BOARD OF REGISTERED NURSING**
10 **DEPARTMENT OF CONSUMER AFFAIRS**
11 **STATE OF CALIFORNIA**

11 In the Matter of the Petition to Revoke Probation
12 Against:

12 PAUL WERREN
13 1513 Centinella Ave., Apt. 1
14 Santa Monica, CA 90404

14 Registered Nurse License No. 295460

15 Respondent.
16

Case No. 96-99

DEFAULT DECISION AND ORDER

[Gov. Code, §11520]

17 FINDINGS OF FACT

18 1. On or about January 31, 2003, Petitioner Ruth Ann Terry, M.P.H., R.N., in
19 her official capacity as the Executive Officer of the Board of Registered Nursing, California
20 Department of Consumer Affairs, filed Petition to Revoke Probation No. 96-99 against Paul
21 Werren (Respondent) before the Board of Registered Nursing.

22 2. On or about August 31, 1978, the Board of Registered Nursing (Board)
23 issued Registered Nurse License No. 295460 to Respondent. The license expired on February
24 28, 2002, and has not been renewed.

25 3. On or about February 13, 2003, Maria-Elena Hernandez, an employee of
26 the Department of Justice, served by Certified and First Class Mail a copy of the Petition to
27 Revoke Probation No. 96-99, Statement to Respondent, Notice of Defense, Request for
28 Discovery, and Government Code sections 11507.5, 11507.6, and 11507.7 to Respondent's.

address of record with the Board, which was and is 1513 Centinella Ave., Apt. 1, Santa Monica, CA 90404. The Petition to Revoke Probation, the related documents, and Declaration of Service are incorporated by reference.

4. Service of the Petition to Revoke Probation was effective as a matter of law under the provisions of Government Code section 11505, subdivision (c).

5. Government Code section 11506(c) states, in pertinent part:

"The respondent shall be entitled to a hearing on the merits if the respondent files a notice of defense, and the notice shall be deemed a specific denial of all parts of the accusation not expressly admitted. Failure to file a notice of defense shall constitute a waiver of respondent's right to a hearing, but the agency in its discretion may nevertheless grant a hearing."

6. Respondent failed to file a Notice of Defense within 15 days after service upon him of the Petition to Revoke Probation, and therefore waived his right to a hearing on the merits of Petition to Revoke Probation No. 96-99.

7. California Government Code section 11520(a) states, in pertinent part:

"If the respondent either fails to file a notice of defense or to appear at the hearing, the agency may take action based upon the respondent's express admissions or upon other evidence and affidavits may be used as evidence without any notice to respondent."

8. Pursuant to its authority under Government Code section 11520, the Board finds that Respondent is in default. The Board will take action without further hearing and, based on Respondent's express admissions by way of default and the evidence before it, finds that the allegations in Petition to Revoke Probation No. 96-99 are true.

DETERMINATION OF ISSUES

1. Based on the foregoing findings of fact, Respondent Paul Werren has violated the terms of his probation.

2. The agency has jurisdiction to adjudicate this case by default.

3. The Board of Registered Nursing is authorized to set aside the stay that was imposed and revoke Respondent's Registered Nurse License based upon the following violations alleged in the Petition to Revoke Probation:

1 4. Respondent violated condition 3 (Comply with Probation) of his probation
2 in that during the period of his probation he failed to fully comply with the Probation Program
3 for the reasons stated in paragraphs 5 - 10.

4 5. Respondent violated condition 4 (Report in Person) of his probation in that
5 during the period of his probation he failed to appear for probation interviews on February 27,
6 2002 and May 9, 2002.

7 6. Respondent violated condition 6 (Submit Written Reports) of his
8 probation in that he failed to submit his support group attendance forms on February 27, 2002
9 and May 9, 2002.

10 7. Respondent violated condition 11 (Complete A Nursing Course) of his
11 probation in that during the course of his probation he failed to complete the following required
12 courses:

- 13 a. RN Refresher course,
14 b. Professional Ethics, and
15 c. Legal Aspects of Nursing.

16 8. Respondent violated condition 15 (Abstain From the Use of Psychotropic
17 (Mood-Altering) Drugs) of his probation in that during the course of his probation he failed to
18 abstain from the possession, injection or consumption of mood-altering drugs by testing positive
19 for Fentanyl on January 3, 2001.

20 9. Respondent has violated condition 16 (Submit to Tests and Samples) of
21 his probation in that during the course of his probation he failed to participate in the Board's
22 Drug Screening Program as follows:

23 (a.) Failed to submit to drug screening on:

- 24 (1) January 2, 2002;
25 (2) March 18, 2002;
26 (3) March 25, 2002;
27 (4) April 18, 2002;
28 (5) April 29, 2002;

- 1 (6) May 6, 2002;
2 (7) May 28, 2002;
3 (8) June 6, 2002;
4 (9) June 20, 2002; and
5 (10) July 8, 2002.

6 (b.) Failed to have his urine tested for Fentanyl on:

- 7 (1) November 28, 2000;
8 (2) December 28, 2000;
9 (3) February 15, 2001;
10 (4) September 24, 2001; and
11 (5) December 13, 2001.

12 10. Respondent violated condition 19 (Cost Recovery) of his probation in that
13 during the course of his probation he failed to make any cost recovery payments under the terms
14 of the Cost Recovery Payment Plan form he signed on October 2, 2000. His balance is currently
15 \$10,705.87, the original amount due.

16 LOCATION OF RECORD

17 The record on which this Default Decision and Order is based, including the
18 documents incorporated by reference, is located at the Sacramento office of the Board of
19 Registered Nursing.

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ORDER

IT IS SO ORDERED that the stay ordered in Case No. 96-99 is set aside and that Registered Nurse License No. 295460, issued to Respondent Paul Werren, is revoked.

Pursuant to Government Code section 11520, subdivision (c), Respondent may serve a written motion requesting that the Decision be vacated and stating the grounds relied on within seven (7) days after service of the Decision on Respondent. The agency in its discretion may vacate the Decision and grant a hearing on a showing of good cause, as defined in the statute.

This Decision shall become effective on July 12, 2003.

It is so ORDERED June 12, 2003

Sandra L. Erickson

FOR THE BOARD OF REGISTERED NURSING
DEPARTMENT OF CONSUMER AFFAIRS

DOJ docket number:03579110-A2002 D2246

50003531.wpd

1 BILL LOCKYER, Attorney General
of the State of California
2 JOSEPH N. ZIMRING, State Bar No. 185916
Deputy Attorney General
3 California Department of Justice
300 So. Spring Street, Suite 1702
4 Los Angeles, CA 90013
Telephone: (213) 897-2559
5 Facsimile: (213) 897-2804
6 Attorneys for Complainant

7
8 **BEFORE THE**
BOARD OF REGISTERED NURSING
9 **DEPARTMENT OF CONSUMER AFFAIRS**
10 **STATE OF CALIFORNIA**

11 In the Matter of the Petition to Revoke
Probation Against:

Case No. 96-99

12 PAUL WERREN
13 1513 Centinella Ave., Apt. 1
Santa Monica, CA 90404
14
15 Registered Nurse License No. 295460

PETITION TO REVOKE PROBATION

16 Respondent.

17 Petitioner alleges:

18 PARTIES

19 1. Ruth Ann Terry, M.P.H., R.N. (Petitioner) brings this Petition to
20 Revoke Probation solely in her official capacity as the Executive Officer of the Board of
21 Registered Nursing, Department of Consumer Affairs.

22 2. On or about August 31, 1978, the Board of Registered Nursing
23 (Board) issued Registered Nurse License No. 295460 to Paul Werren (Respondent).
24 The license expired on February 28, 2002, and has not been renewed.

25 3. In a disciplinary action entitled "In the Matter of Accusation Against
26 Paul Werren," Case No. 96-99, the Board, issued a decision, effective July 30, 2000, in
27 which Respondent's Registered Nurse License was revoked. The revocation was stayed
28 and Respondent's license was placed on probation for a period of three (3) years with

1 certain terms and conditions. A copy of that decision is attached as Exhibit A and is
2 incorporated by reference.

3 JURISDICTION

4 4. This Petition to Revoke Probation is brought before the Board
5 pursuant to the authority of the below mentioned statutes and regulations and the
6 following terms and conditions of Respondent's probation.¹

7 "3. COMPLY WITH PROBATION PROGRAM

8 Respondent shall fully comply with the terms and conditions of the
9 Probation Program established by the Board and cooperate with
10 representatives of the Board in its monitoring and investigation of the
11 respondent's compliance with the Probation Program. Respondent shall
inform the Board in writing within no more than 15 days of any address
change and shall at all times maintain an active, current license status
with the Board, including during any period of suspension.

12 "4. REPORT IN PERSON

13 Respondent, during the period of probation, shall appear in person
14 at interviews/meetings as directed by the Board or its designated
representatives."

15 "....

16 "6. SUBMIT WRITTEN REPORTS

17 Respondent, during period of probation, shall submit such written
18 reports/declarations and verification of actions under penalty of perjury as
19 are required. These declarations shall contain statements relative to
20 respondent's compliance with all the terms and conditions of the Board's
Probation Program. Respondent shall immediately execute all release of
information forms as may be required by the Board or its representatives."

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21 "11. COMPLETE A NURSING COURSE(S)

22 Respondent at his/her expense, shall begin and successfully
23 complete a course(s) in nursing as directed by the Board prior to engaging
in the practice of nursing and prior to the end of the probationary term.

24 The Respondent may be suspended from practicing nursing until
25 the necessary course work is completed. The content of such course(s)
26 and the place and conditions of instruction shall be specified by Board
27 representatives at the time of the initial probation meeting based on the
nature of the violation(s). Specific courses must be approved prior to
enrollment. The respondent must submit written proof of enrollment and

28 1. All statutory references are to the Business and Professions Code (Code) unless
otherwise indicated.

proof of successful completion. Transcripts or certificates of completion must be mailed directly to the Board by the agency or entity instructing the respondent.

Home study or correspondence courses are not acceptable and will not be approved."

"....

"15. ABSTAIN FROM USE OF PSYCHOTROPIC (MOOD-ALTERING) DRUGS

Respondent shall completely abstain from the possession, injection or consumption by any route of all psychotropic (mood altering) drugs, including alcohol, except when the same are ordered by a health care professional legally authorized to do so and are part of documented medical treatment. Respondent shall have sent to the Board, in writing and within fourteen (14) days, by the prescribing physician or dentist, a report identifying the medication, dosage, the date the medication was prescribed, the respondent's prognosis, the date the medication will no longer be required.

"16. SUBMIT TO TESTS AND SAMPLES

Respondent, at his/her expense, shall participate in a random, biological fluid testing or a drug screening program which the Board approves. The length of time and frequency will be subject to approval by the Board. The respondent is responsible for keeping the Board informed of respondent's current telephone number at all times and for ensuring that reports are submitted directly by the testing agency to the Board, as directed. Any confirmed positive finding shall be reported immediately to the Board by the program and the respondent shall be considered in violation of probation.

In addition, respondent, at any time during the period of probation shall fully cooperate with the Board or any of its representatives, and shall, when requested, submit to such tests and samples as the Board or its representatives may require for the detection of alcohol, narcotics, hypnotics, dangerous drugs, or controlled substances."

"....

"19. COST RECOVERY

Respondent shall pay to the Board costs associated with its investigation and enforcement pursuant to Business and Professions Code Section 125.3 in the amount of \$10,705.87. Respondent shall be permitted to pay these costs in a payment plan approved by the Board, with payments to be completed no later than three months prior to the end of the probation term."

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PROBATION VIOLATION

5. Respondent violated condition 3 of his probation in that during the period of his probation he failed to fully comply with the Probation Program for the reasons stated in paragraphs 6 - 11.

6. Respondent violated condition 4 of his probation in that during the period of his probation he failed to appear for probation interviews on February 27, 2002 and May 9, 2002.

7. Respondent violated condition 6 of his probation in that he failed to submit his support group attendance forms on February 27, 2002 and May 9, 2002.

8. Respondent violated condition 11 of his probation in that during the course of his probation he failed to complete the following required courses:

- (a) RN Refresher course,
- (b) Professional Ethics, and
- (c) Legal Aspects of Nursing.

9. Respondent violated condition 15 of his probation in that during the course of his probation he failed to abstain from the possession, injection or consumption of mood-altering drugs by testing positive for Fentanyl on January 3, 2001.

10. Respondent has violated condition 16 of his probation in that during the course of his probation he failed to participate in the Board's Drug Screening Program as follows:

(a.) Failed to submit to drug screening on:

- (1) January 2, 2002;
- (2) March 18, 2002;
- (3) March 25, 2002;
- (4) April 18, 2002;
- (5) April 29, 2002;
- (6) May 6, 2002;
- (7) May 28, 2002;

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- (8) June 6, 2002;
- (9) June 20, 2002; and
- (10) July 8, 2002.

(b.) Failed to have his urine tested for Fentanyl on:

- (1) November 28, 2000;
- (2) December 28, 2000;
- (3) February 15, 2001;
- (4) September 24, 2001; and
- (5) December 13, 2001.

11. Respondent violated condition 19 of his probation in that during the course of his probation he failed to make any cost recovery payments under the terms of the Cost Recovery Payment Plan form he signed on October 2, 2000. His balance is currently \$10,705.87, the original amount due.

* * *


PRAYER

WHEREFORE, Petitioner requests that a hearing be held on the matters herein alleged, and that following the hearing, the Board of Registered Nursing issue a decision:

1. Revoking the probation that was granted by the Board in Case No. 96-99 and imposing the disciplinary order that was stayed thereby revoking Registered Nurse License No. 295460 issued to Paul Werren;

2. Taking such other and further action as deemed necessary and proper.

DATED: 3/1/03


RUTH ANN TERRY, M.P.H., R.N.
Executive Officer
Board of Registered Nursing
Department of Consumer Affairs
State of California
Petitioner

03579110LA2002AD2246
lbf

Exhibit A
Decision and Order
Board of Registered Nursing Case No. 96-99

BEFORE THE
BOARD OF REGISTERED NURSING
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation)	Case No. 96-99
)	OAH No. L-1999030232
Paul Werren)	
5616 Mammoth Ave.)	
Van Nuys, CA 91401)	
Registered Nurse License No. 295460)	
Nurse Anesthetist Certificate No. 0680)	
)	
Respondent.)	

DECISION AFTER RECONSIDERATION

This matter came on regularly for hearing before Ralph B. Dash, Administrative Law Judge with the Office of Administrative Hearings, on July 21 and 22, and October 6, 7 and 8, 1999, at Los Angeles, California.

Joseph N. Zimring, Deputy Attorney General, represented complainant.

Phyllis Gallagher, Attorney at Law, represented Respondent.

Oral and documentary evidence having been received and the matter submitted, the Administrative Law Judge issued his Proposed Decision on November 24, 1999.

The Board of Registered Nursing ("Board") adopted the Proposed Decision on January 11, 2000, with an effective date of February 10, 2000. On January 24, 2000, Joseph N. Zimring, filed a petition for reconsideration on behalf of complainant. On February 7, 2000, the Board granted complainant's request for reconsideration and ordered a copy of the transcript. On March 20, 2000, the Board issued its Order Fixing Date for Submission of Written Argument. The time for filing written argument in this matter having expired, the entire record, including the transcript of said hearing, and written arguments from both parties having been read and considered by the Board, pursuant to Government Code section 11517, the Board hereby makes the following decision and order:

1. Complainant Ruth Ann Terry, R.N., M.P.H., made First Amended Accusation in her official capacity as Executive Officer, Board of Registered Nursing, Department of Consumer Affairs, ("Board").

2. On August 31, 1978, the Board issued Registered Nurse License number 295460 to Paul Werren ("Respondent"). The license was in full force and effect at all times relevant and will expire on January 31, 2001.

3. On July 17, 1984, the Board issued Nurse Anesthetist Certificate number 0680 to Respondent. The certificate was in full force and effect at all times relevant and will expire on January 31, 2001.

4. Respondent admitted that between 1982 and 1991, he regularly stole drugs from the hospital and administered the drugs to himself while on duty and while responsible for direct patient care to the extent that such use impaired his ability to conduct his nursing duties with safety to the public.

5. The parties stipulated that while on duty as a registered nurse at USC Medical Center in Los Angeles, California, Respondent made erroneous entries in hospital and patient records in the following respects:

Patient F. G. (No. 9443033)

a. On or about June 9, 1994, Respondent signed out 200 mg (20 ml) of Propofol, a dangerous drug, for patient F. G. (No. 9443033), charted the administration of 150 mg of Propofol on the patient's anesthesia record, but indicated on the anesthesia drug disposition form the 100 mg of Propofol were wasted. Therefore, the combined total amount of Propofol administered and wasted exceeds the amount of Propofol signed out for patient F. G. by 50 mg.

b. On or about June 9, 1994, Respondent charted the administration of 2 mg of Midazolam (Versed), a dangerous drug, to patient F. G. (No. 9443033) on the patient's anesthesia record, when Midazolam was not signed out for the patient.

Patient A. R. (No. 5881073)

c. On or about June 8, 1994, Respondent checked out 1000 mg (1000 ml) of Propofol, a dangerous drug, for patient A. R. (No. 5881073), charted the administration of 200 mg of Propofol on the patient's anesthesia record, indicated on the anesthesia drug disposition form the 300 mg of Propofol were wasted, and failed to account for the disposition of the remaining 500 mg of Propofol.

Patient P. G. (No. 5865958)

d. On or about May 27, 1994, Respondent checked out 500 mg (50 ml) of Propofol, a dangerous drug, for patient P. G. (No. 5865958), charted the administration of 200 mg of Propofol on the patient's anesthesia record, and failed to account for the disposition of the remaining 300 mg of Propofol.

e. On or about May 27, 1994, Respondent checked out 100 mg (2 ml) of Meperidine (Demerol), a controlled substance, for patient P. G., charted the administration of 30 mg Meperidine on the patient's anesthesia record, and failed to account for the disposition of the remaining 70 mg of Meperidine.

f. On or about May 27, 1994, Respondent charted the administration of 2 mg of Midazolam (Versed), a dangerous drug, on the anesthesia record of patient P. G., when Midazolam was not checked out for the patient.

Patient L. C. (No. 5855318)

g. On or about July 7, 1994, Respondent checked out 200 mg (20 ml) of Propofol, a dangerous drug, for patient L. C. (No. 5855318), charted the administration of 150 mg of Propofol on the patient's anesthesia record, and failed to account for the disposition of the remaining 50 mg of Propofol.

h. On or about July 7, 1994, Respondent checked out 25 mg (5 ml) of Midazolam (Versed), a dangerous drug, for patient L. C., charted the administration of 2 mg of Midazolam on the patient's anesthesia record, and failed to account for the disposition of the remaining 23 mg of Midazolam.

Patient M. P. (No. 5820078)

i. On or about April 29, 1994, Respondent checked out 500 mg of Propofol, a dangerous drug, for patient M.P. (No. 5820078), charted the administration of 100 mg of Propofol on the patient's anesthesia record, indicated on the anesthesia drug disposition form that 300 mg (30 cc) of Propofol were returned, but enters on the CD module that 50 ml (500 mg) were returned; and failed to account for the disposition of the remaining 100 mg of Propofol.

Patient J. A. (No. 5886268)

j. On or about June 23, 1994, Respondent checked out 25 mg of Midazolam (Versed), a dangerous drug, for patient J. a. (No. 5886268), charted the administration of 1 mg of Midazolam on the patient's anesthesia record, indicated on the anesthesia drug disposition form the 22.5 mg of Midazolam were wasted, and failed to account for the disposition of the remaining 1.5 mg of Midazolam.

Patient D. S. (No. 5887017)

k. On or about June 24, 1994, Respondent checked out 200 mg (20 ml) of Propofol, a dangerous drug, for patient D. S. (No. 5887017), charted the administration of 200 mg of Propofol on the patient's anesthesia record, and indicated on the anesthesia drug disposition form that 50 mg of Propofol were wasted.

Patient R. R. (No. 5786656)

l. On or about April 29, 1994, Respondent checked out 500 mg (50 ml) of Propofol, a dangerous drug, for patient R. R. (No. 5786656), charted the administration of 150 mg of Propofol on the patient's anesthesia record, and failed to account for the disposition of 350 mg of Propofol.

m. On or about April 29, 1994, Respondent checked out 25 mg (5 ml) of Midazolam (Versed), a dangerous drug, for patient R. R. charted the administration of 4 mg of Midazolam on the patient's anesthesia record, and failed to account for the disposition of 21 mg of Midazolam.

n. On or about April 29, 1994, Respondent checked out 100 mg (2 ml) of Meperidine (Demerol), a controlled substance, for patient R. R., charted the administration of 30 mg of Meperidine on the patient's anesthesia record, and failed to account for the disposition of 70 mg of Meperidine.

Patient M. M. (No. 5796813)

o. On or about June 28, 1994, Respondent checked out 1000 mg (100 ml) of Propofol, a dangerous drug, for patient M. M. (No. 5796813), charted the administration of 400 mg of Propofol on the patient's anesthesia record, indicated on the anesthesia drug disposition form that 500 mg (1 AMP) of Propofol were returned, and failed to account for the disposition of 100 mg of Propofol.

p. On or about June 28, 1994, Respondent checked out 100 mg (2 ml) of Meperidine (Demerol), a controlled substance, for patient M. M., charted the administration of 40 mg of Meperidine on the patient's anesthesia record, indicated on the anesthesia drug disposition form the 80 mg of Meperidine were wasted, which exceeds the total amount of Meperidine checked out for the patient.

Patient B. K. (No. 5870972)

q. On or about May 11, 1994, Respondent checked out 500 mg (50 ml) of Propofol, a dangerous drug, for patient B. K. (No. 5870972), charted the administration of 150 mg of Propofol on the patient's anesthesia record, indicated that 300 mg of Propofol were wasted, and failed to account for the disposition of the remaining 50 mg of Propofol.

r. On or about May 11, 1994, Respondent checked out 400 mcg (8 ml) of Sufentanil, a controlled substance, for patient B. K., charted the administration of 270 mcg of Sufentanil on the patient's anesthesia record, indicated on the anesthesia drug disposition form that 100 mcg (1 AMP) of Sufentanil were returned, and failed to account for the disposition of the remaining 30 mcg of Sufentanil.

s. On or about May 11, 1994, Respondent checked out 25 mg (5 ml) of Midazolam (Versed), a dangerous drug, for patient B. K. The patient's anesthesia record indicates that no Midazolam was administered. Respondent indicated that 4 cc (20 mg) were wasted. Respondent failed to account for the remaining 5 mg of Midazolam.

6. In March of 1994, while on duty at the hospital, Respondent removed an arterial line (A-line) from a patient before the surgery ended, making it unavailable for the end of surgery or the recovery period, should it be needed. The complainant offered expert testimony on this issue from Dr. Cordero, the faculty anesthesiologist who testified that Respondent's premature removal of the A-line constituted an extreme departure from the standard of care expected of a certified nurse anesthetist. Respondent offered no evidence that the A-line was actually removed pursuant to a surgeon's instructions.

7. In March of 1994, Respondent inadvertently hung a 20 percent Mannitol solution via a patient's A-line. This could have caused serious injury or death to the patient, had it been instilled, but a supervisor discovered the error before the drug was administered.

8. After discovering his use of Fentanyl in 1991, the Hospital helped Respondent to overcome his admitted addiction. His supervisors encouraged him to enroll in diversion, which he did and attended for almost 5 years. He continued to attend AA and NA meetings and have random drug testing even after he left diversion. He also attended group therapy sessions from 1991 on, Respondent was subjected to numerous random drug screenings over the years, and was always found to be in compliance. He entered into psychotherapy, where he was found to have low grade chronic depression. After a series of experiments with different psychotropic medications, Respondent reacted favorably to Wellbutrin, which he is still on today. After leaving diversion, Respondent continued to have random drug tests performed, and has remained drug free since 1991. Although Complainant offered evidence that Respondent engaged in "drug seeking behavior" in late 1997, by requesting significant amounts of Vicodin, the evidence was clear that this drug was ordered and dispensed for medically necessary purposes. Respondent slipped and fell, hurting his ribs. He had also undergone one of numerous painful operations for a cleft palate, for which Vicodin was also prescribed. All of these prescriptions were obtained through Respondent's Kaiser Hospital plan, which maintains a central data bank of all prescriptions issued. No anomalies were noted by Kaiser. It was also through Kaiser that Respondent successfully completed his drug therapy, so that any "backsliding" would probably have been noted by them.

9. Contrary to the conclusion reached in the Proposed Decision, the numerous charting errors made by Respondent in 1994 constitute incompetence on Respondent's part. The testimony evidenced that the nineteen charting errors were not caused by the drug

machines, but were caused by sloppy charting. The Board is concerned with consumer safety, therefore, it doesn't matter if other practitioners in the hospital were incompetent as well in their charting procedures. This case is about Respondent's failure to properly chart.

10. In aggravation, Respondent has not worked as a certified nurse anesthetist nor been responsible for direct patient care since 1994 due to his employers concerns about his ability to practice safely. Further, the evidence supports a finding that Respondent's work performance is well below that expected of a licensee with his education and experience. The evidence supports a finding that Respondent is either suffering from a physical condition, mental condition, abusing drugs, or is suffering from a combination of these problems which have lead him to become a registered nurse and certified nurse anesthetist who cannot be trusted by his employers or co-workers to perform basic direct patient care in a safe manner. Therefore, it is necessary in the interest of protecting the public to require Respondent to submit to a physical examination, mental health examination, rehabilitation program, and participate in on-going substance abuse monitoring.

11. The Board reasonably incurred costs, including expenses of the Attorney General, in the total sum of \$10,705.87. There was an irreconcilable conflict in the several declarations presented by Complainant as to the total costs actually incurred. It would be unfair to Respondent to require him to pay a higher amount of costs than could be substantiated by the evidence presented, thus the lowest competently established amount was chosen.

Pursuant to the foregoing Finding of Facts, the Administrative Law Judge makes the following Determination of Issues.

1. Respondent violated the provisions of Business and Professions Code Sections 2761(a) and 2762(b), by reason of Finding 4, thereby subjecting his licenses to discipline.

2. Respondent violated the provisions of Business and Professions Code Section 2761(a)(1) by reason of Findings 5 and 6, thereby subjecting his licenses to discipline.

3. The Board is entitled to recover from Respondent the sum of \$10,705.87 for its costs of investigation and prosecution of this matter, under the provisions of Business and Professions Code Section 125.3, by reason of Finding 9.

4. Balancing the evidence of incompetence and rehabilitation, it would not be contrary to the public safety to permit Respondent to retain his registered nursing license, but revoke his nurse anesthetist certificate.

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WHEREFORE, THE FOLLOWING ORDER is hereby made:

Nurse Anesthetist Certificate Number 0680 is hereby revoked. Registered Nurse license number 295460 issued to Respondent Paul Werren is revoked; provided however that said revocation of his registered nursing license is stayed and Respondent is placed on probation for a period of three (3) years, on the following terms and conditions.

(1) **SEVERABILITY CLAUSE** - Each term and condition of probation contained herein is a separate and distinct term and condition. If any term and condition of this Order, or any application thereof, is declared unenforceable in whole, in part, or to any extent, the remainder of this Order, and all other applications thereof, shall not be affected. Each term and condition of this Order shall separately be valid and enforceable to the fullest extent permitted by law.

(2) **OBEY ALL LAWS** - Respondent shall obey all federal, state and local laws. A full and detailed account of any and all violations of law shall be reported by the respondent to the Board in writing within seventy-two (72) hours of occurrence. To permit monitoring of compliance with this term, respondent shall submit completed fingerprint cards and fingerprint fees within 45 days of the effective date of the decision, unless previously submitted as part of the licensure application process. Respondent shall submit a recent 2" X 2" photograph of himself or herself within 45 days of the effective date of the final decision.

(3) **COMPLY WITH PROBATION PROGRAM** - Respondent shall fully comply with the terms and conditions of the Probation Program established by the Board and cooperate with representatives of the Board in its monitoring and investigation of the respondent's compliance with the Probation Program. Respondent shall inform the Board in writing within no more than 15 days of any address change and shall at all times maintain an active, current license status with the Board, including during any period of suspension.

(4) **REPORT IN PERSON** - Respondent, during the period of probation, shall appear in person at interviews/ meetings as directed by the Board or its designated representatives.

(5) **RESIDENCY OR PRACTICE OUTSIDE OF STATE** - Periods of residency or practice as a registered nurse outside of California will not apply to the reduction of this probationary term. The respondent must provide written notice to the Board within 15 days of any change of residency or practice outside the state.

(6) **SUBMIT WRITTEN REPORTS** - Respondent, during the period of probation, shall submit or cause to be submitted such written reports/declarations and verification of actions under penalty of perjury, as required by the Board. These reports/declarations shall contain statements relative to respondent's compliance with all the terms and conditions of the Board's Probation Program. Respondent shall immediately

execute all release of information forms as may be required by the Board or its representatives.

Respondent shall provide a copy of this decision to the nursing regulatory agency in every state and territory in which he or she has a registered nurse license.

(7) **FUNCTION AS A REGISTERED NURSE** - Respondent, during the period of probation, shall engage in the practice of registered nursing in California for a minimum of 24 hours per week for 6 consecutive months or as determined by the Board.

For purposes of compliance with the section, "engage in the practice of registered nursing" may include, when approved by the Board, volunteer work as a registered nurse, or work in any non-direct patient care position that requires licensure as a registered nurse.

If respondent has not complied with this condition during the probationary term, and the respondent has presented sufficient documentation of his or her good faith efforts to comply with this condition, and if no other conditions have been violated, the Board, in its discretion, may grant an extension of the respondent's probation period up to one year without further hearing in order to comply with this condition.

(8) **EMPLOYMENT APPROVAL AND REPORTING REQUIREMENTS** - Respondent shall obtain prior approval from the Board before commencing any employment, paid or voluntary, as a registered nurse. Respondent shall cause to be submitted to the Board all performance evaluations and other employment related reports as a registered nurse upon request of the Board.

Respondent shall provide a copy of this decision to his or her employer and immediate supervisor prior to commencement of any nursing or other health care related employment.

Respondent shall notify the Board in writing within seventy-two (72) hours after he or she obtains any nursing or other health care related employment, when such employment is not as a registered nurse. Respondent shall notify the Board in writing within seventy-two (72) hours after he or she is terminated from any registered nursing, other nursing, or other health care related employment with a full explanation of the circumstances surrounding the termination.

(9) **SUPERVISION** - Respondent shall obtain prior approval from the Board regarding respondent's level of supervision and/or collaboration before commencing any employment as a registered nurse.

Respondent shall practice only under the direct supervision of a registered nurse in good standing (no current discipline) with the Board of Registered Nursing, unless alternative methods of supervision and/or collaboration (e.g., with an advanced practice nurse or physician) are approved.

Respondent's level of supervision and/or collaboration may include, but is not limited to the following:

- (a) Maximum - The individual providing supervision and/or collaboration is present in the patient care area or in any other work setting at all times.
- (b) Moderate - The individual providing supervision and/or collaboration is in the patient care unit or in any other work setting at least half the hours respondent works.
- (c) Minimum - The individual providing supervision and/or collaboration has person-to-person communication with respondent at least twice during each shift worked.

(10) EMPLOYMENT LIMITATIONS - Respondent shall not work for a nurse's registry, in any private duty position as a registered nurse, a temporary nurse placement agency, or for an in-house nursing pool.

Respondent shall not work for a licensed home health agency as a visiting nurse unless the registered nursing supervision and other protections for home visits have been approved by the Board. Respondent shall not work in any other registered nursing occupation where home visits are required.

Respondent shall not work in any health care setting as a supervisor of registered nurses. The Board may additionally restrict respondent from supervising licensed vocational nurses and/or unlicensed assistive personnel on a case-by-case basis.

Respondent shall not work as a faculty member in an approved school of nursing; or as an instructor in a Board approved continuing education program.

Respondent shall work only on a regularly assigned, identified and predetermined worksite(s) and shall not work in a float capacity.

If the respondent is working or intends to work in excess of 40 hours per week, the Board may request documentation to determine whether there should be restrictions on the hours of work.

(11) COMPLETE A NURSING COURSE(S) - Respondent shall comply with the appropriate requirement, as specified in the decision:

Respondent, at his or her own expense, shall enroll and successfully complete a course(s) relevant to the practice of registered nursing no later than six months prior to the end of his or her probationary term.

Respondent shall obtain prior approval from the Board before enrolling in the course(s). Respondent shall submit to the Board the original transcripts or certificates of completion for

the above required course(s). The Board shall return the original documents to respondent after photocopying them for its records.

(12) **VIOLATION OF PROBATION** - If a respondent violates the conditions of his/her probation, the Board after giving the respondent notice and an opportunity to be heard, may set aside the stay order and impose the stayed discipline (revocation/suspension) of the respondent's license.

If during the period of probation, an accusation or petition to revoke probation has been filed against respondent's license or the Attorney General's Office has been requested to prepare an accusation or petition to revoke probation against the respondent's license, the probationary period shall automatically be extended and shall not expire until the accusation or petition has been acted upon by the Board. Upon successful completion of probation, the respondent's license will be fully restored.

(13) **PHYSICAL EXAMINATION** - Within 45 days of the effective date of this decision, respondent, at his/her expense, shall have a licensed physician, nurse practitioner, or physician assistant, who is approved by the Board before the assessment is performed, submit an assessment of the respondent's physical condition and capability to perform the duties of a registered nurse. Such an assessment shall be submitted in a format acceptable to the Board. If medically determined, a recommended treatment program will be instituted and followed by the respondent with the physician, nurse practitioner, or physician assistant providing written reports to the Board on forms provided by the Board.

If respondent is determined to be unable to practice safely as a registered nurse, the licensed physician, nurse practitioner, or physician assistant making this determination shall immediately notify the Probation Program and respondent by telephone. Respondent shall immediately cease practice and shall not resume practice until notified by the Probation Monitor. During this period of suspension, respondent shall not engage in any practice for which a license issued by the Board is required until the Probation Monitor has notified respondent that a medical determination permits respondent to resume practice.

(14) **PARTICIPATE IN TREATMENT/REHABILITATION PROGRAM FOR CHEMICAL DEPENDENCE** - Respondent, at his/her expense, shall successfully complete during the probationary period or shall have successfully completed prior to commencement of probation a Board-approved treatment/rehabilitation program of at least six months. As required, reports shall be submitted by the program on forms provided by the Board. If respondent has not completed a Board-approved treatment/rehabilitation program prior to commencement of probation, respondent, within 45 days from the effective date of the decision, shall be enrolled in a program. If a program is not successfully completed within the first nine months of probation, the Board shall consider respondent in violation of probation.

Based on Probation Program recommendation, each week respondent shall be required to attend at least one, but no more than five 12-step recovery meetings or equivalent (e.g.,

Narcotics Anonymous, Alcoholics Anonymous, etc.) and a nurse support group as approved and directed by the Board. If a nurse support group is not available, an additional 12 step meeting or equivalent shall be added. Respondent shall submit dated and signed documentation confirming such attendance to the Board during the entire period of probation. Respondent shall continue with the recovery plan recommended by the treatment/rehabilitation program or a licensed mental health examiner and/or other ongoing recovery groups.

(15) ABSTAIN FROM USE OF PSYCHOTROPIC (MOOD-ALTERING) DRUGS Respondent shall completely abstain from the possession, injection or consumption by any route of all psychotropic (mood altering) drugs, including alcohol, except when the same are ordered by a health care professional legally authorized to do so and are part of documented medical treatment. Respondent shall have sent to the Board, in writing and within fourteen (14) days, by the prescribing physician or dentist, a report identifying the medication, dosage, the date the medication was prescribed, the respondent's prognosis, the date the medication will no longer be required, and the effect on the recovery plan, if appropriate.

Respondent shall identify for the Board a single physician, nurse practitioner or physician assistant who shall be aware of respondent's history of substance abuse and will coordinate and monitor any prescriptions for respondent for dangerous drugs, controlled substances or mood-altering drugs. The coordinating physician, nurse practitioner, or physician assistant shall report to the Board on a quarterly basis respondent's compliance with this condition. If any substances considered addictive have been prescribed, the report shall identify a program for the time limited use of any such substances.

The Board may require the single coordinating physician, nurse practitioner, or physician assistant to be a specialist in addictive medicine, or to consult with a specialist in addictive medicine.

(16) SUBMIT TO TESTS AND SAMPLES - Respondent, at his/her expense, shall participate in a random, biological fluid testing or a drug screening program which the Board approves. The length of time and frequency will be subject to approval by the Board. The respondent is responsible for keeping the Board informed of respondent's current telephone number at all times. Respondent shall also ensure that messages may be left at the telephone number when he/she is not available and ensure that reports are submitted directly by the testing agency to the Board, as directed. Any confirmed positive finding shall be reported immediately to the Board by the program and the respondent shall be considered in violation of probation.

In addition, respondent, at any time during the period of probation, shall fully cooperate with the Board or any of its representatives, and shall, when requested, submit to such tests and samples as the Board or its representatives may require for the detection of alcohol, narcotics, hypnotics, dangerous drugs, or other controlled substances.

If respondent has a positive drug screen for any substance not legally authorized and not reported to the coordinating physician, nurse practitioner, or physician assistant, and the Board files a petition to revoke probation or an accusation, the Board may suspend respondent from practice pending the final decision on the petition to revoke probation or the accusation.

(17) **MENTAL HEALTH EXAMINATION** - The respondent shall, within 45 days of the effective date of this decision, have a psychiatric examination including psychological testing as appropriate to determine his/her capability to perform the duties of a registered nurse. The examination will be performed by a psychiatrist approved by the Board, who has experience treating persons with schizophrenia and chemical dependency. The examining psychiatrist will submit a written report of that assessment and recommendations to the Board. All costs are the responsibility of the respondent. Recommendations for treatment, therapy or counseling made as a result of the examination will be instituted and followed by the respondent.

If respondent is determined to be unable to practice safely as a registered nurse, the psychiatrist making this determination shall immediately notify the Probation Program and respondent by telephone and in writing. Respondent shall immediately cease practice and may not resume practice until notified by the Probation Monitor. During this period of suspension, respondent shall not engage in any practice for which a license issued by the Board is required, until the Probation Monitor has notified respondent that a mental health determination permits respondent to resume practice.

At any time during respondent's probation period, the Board may request that he have a psychiatric examination as described above. The examining psychiatrist will submit the written report directly to the board within 30 days from the request. Respondent shall be responsible for all costs associated with the examination. The Board is not limited in the number of times during the seven year probation period that it may request such an examination from respondent.


(18) **THERAPY OR COUNSELING PROGRAM** - Respondent, at his/her expense, shall participate in an on-going counseling program until such time as the Board releases him/her from this requirement and only upon the recommendation of the counselor. Written progress reports from the counselor will be required at various intervals.

(19) **COST RECOVERY** - Respondent shall pay to the Board costs associated with its investigation and enforcement pursuant to Business and Professions Code section 125.3 in the amount of \$10,705.87. Respondent shall be permitted to pay these costs in a payment plan approved by the Board, with payments to be completed no later than three months prior to the end of the probation term.

IT IS SO ORDER.

The effective date of this decision is July 30th, 2000.

DATED: June 30th, 2000.



MARY JO GORNEY-MORENO, Ph.D., RN
President, Board of Registered Nursing

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BEFORE THE
BOARD OF REGISTERED NURSING
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against:
PAUL WERREN
5616 MAMMOTH AVENUE
VAN NUYS, CA 91401
RN License No. 295460; NA Cert No. 0680
Respondent.

No. 96-99
OAH No. L-1999030232

ORDER GRANTING RECONSIDERATION

Complainant's request for reconsideration of the decision heretofore made and herein having been read and considered, and good cause appearing, reconsideration of said decision is hereby granted and the decision will be stayed until another decision is rendered.

You are advised that, in accordance with subdivision (c) of Government Code Section 11517, the Board of Registered Nursing will decide the case upon the record, including the transcript of the hearings held on July 21 and 22, and October 6, 7, and 8, 1999, and upon such written arguments as the parties may wish to submit.

The parties will be notified of the date for submission of such argument when the transcript of the above mentioned hearing becomes available.

Dated: This 7th day of February, 2000.

BOARD OF REGISTERED NURSING
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA


RUTH ANN TERRY, MPH, RN
Executive Officer

BEFORE THE
BOARD OF REGISTERED NURSING
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against:)
) No. 96-99
Paul Werren)
5616 Mammoth Ave.) L-1999030232
Van Nuys, CA 91401)
)
Registered Nurse License No. 295460)
Nurse Anesthetist Certificate No. 0680)
)
Respondent.)
_____)

DECISION

The attached Proposed Decision of the Administrative Law Judge is hereby adopted by the Board of Registered Nursing as its Decision in the above-entitled matter.

This Decision shall become effective February 10, 2000.

IT IS SO ORDERED January 11, 2000.

BOARD OF REGISTERED NURSING
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

By _____

Mary Jo Gurne

sp

BEFORE THE
BOARD OF REGISTERED NURSING
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation)	Case No. 96-99
)	OAH No. L-1999030232
Paul Werren)	
5616 Mammoth Ave.)	
Van Nuys, CA 91401)	
Registered Nurse License No. 295460)	
Nurse Anesthetist Certificate No. 0680)	
)	
<u>Respondent.</u>)	

PROPOSED DECISION

This matter came on regularly for hearing before Ralph B. Dash, Administrative Law Judge with the Office of Administrative Hearings, on July 21 and 22, and October 6, 7 and 8, 1999, at Los Angeles, California.

Joseph N. Zimring, Deputy Attorney General, represented complainant.

Phyllis Gallagher, Attorney at Law, represented Respondent.

Oral and documentary evidence having been received and the matter submitted, the Administrative Law Judge make the following Fact of Finding:

1. Complainant Ruth Ann Terry, R.N., M.P.H., made First Amended Accusation in her official capacity as Executive Officer, Board of Registered Nursing, Department of Consumer Affairs, ("Board").
2. On August 31, 1978, the Board issued Registered Nurse License number 295460 to Paul Werren ("Respondent"). The license was in full force and effect at all times relevant and will expire on January 31, 2001.
3. On July 17, 1984, the Board issued Nurse Anesthetist Certificate number 0680 to Respondent. The certificate was in full force and effect at all times relevant and will expire on January 31, 2001.

4. On May 16, 1991, while on duty as a registered nurse and nurse anesthetist at USC Medical Center in Los Angeles, California, ("Hospital") Respondent by his own admission, used Fentanyl, a controlled substance, to such an extent that he was dangerous to himself and to the extent that such use impaired his ability to conduct his nursing duties with safety to the public.

5. The parties stipulated that while on duty as a registered nurse at USC Medical Center in Los Angeles, California, Respondent made erroneous entries in hospital and patient records in the following respects:

Patient F. G. (No. 9443033)

a. On or about June 9, 1994, Respondent signed out 200 mg (20 ml) of Propofol, a dangerous drug, for patient F. G. (No. 9443033), charted the administration of 150 mg of Propofol on the patient's anesthesia record, but indicated on the anesthesia drug disposition form the 100 mg of Propofol were wasted. Therefore, the combined total amount of Propofol administered and wasted exceeds the amount of Propofol signed out for patient F. G. by 50 mg.

b. On or about June 9, 1994, Respondent charted the administration of 2 mg of Midazolam (Versed), a dangerous drug, to patient F. G. (No. 9443033) on the patient's anesthesia record, when Midazolam was not signed out for the patient.

Patient A. R. (No. 5881073)

c. On or about June 8, 1994, Respondent checked out 1000 mg (1000 ml) of Propofol, a dangerous drug, for patient A. R. (No. 5881073), charted the administration of 200 mg of Propofol on the patient's anesthesia record, indicated on the anesthesia drug disposition form the 300 mg of Propofol were wasted, and failed to account for the disposition of the remaining 500 mg of Propofol.

Patient P. G. (No. 5865958)

d. On or about May 27, 1994, Respondent checked out 500 mg (50 ml) of Propofol, a dangerous drug, for patient P. G. (No. 5865958), charted the administration of 200 mg of Propofol on the patient's anesthesia record, and failed to account for the disposition of the remaining 300 mg of Propofol.

e. On or about May 27, 1994, Respondent checked out 100 mg (2 ml) of Meperidine (Demerol), a controlled substance, for patient P. G., charted the administration of 30 mg Meperidine on the patient's anesthesia record, and failed to account for the disposition of the remaining 70 mg of Meperidine.

f. On or about May 27, 1994, Respondent charted the administration of 2 mg of Midazolam (Versed), a dangerous drug, on the anesthesia record of patient P. G., when Midazolam was not checked out for the patient.

Patient L. C. (No. 5855318)

g. On or about July 7, 1994, Respondent checked out 200 mg (20 ml) of Propofol, a dangerous drug, for patient L. C. (No. 5855318), charted the administration of 150 mg of Propofol on the patient's anesthesia record, and failed to account for the disposition of the remaining 50 mg of Propofol.

h. On or about July 7, 1994, Respondent checked out 25 mg (5 ml) of Midazolam (Versed), a dangerous drug, for patient L. C., charted the administration of 2 mg of Midazolam on the patient's anesthesia record, and failed to account for the disposition of the remaining 23 mg of Midazolam.

Patient M. P. (No. 5820078)

i. On or about April 29, 1994, Respondent checked out 500 mg of Propofol, a dangerous drug, for patient M.P. (No. 5820078), charted the administration of 100 mg of Propofol on the patient's anesthesia record, indicated on the anesthesia drug disposition form that 300 mg (30 cc) of Propofol were returned, but enters on the CD module that 50 ml (500 mg) were returned, and failed to account for the disposition of the remaining 100 mg of Propofol.

Patient J. A. (No. 5886268)

j. On or about June 23, 1994, Respondent checked out 25 mg of Midazolam (Versed), a dangerous drug, for patient J. a. (No. 5886268), charted the administration of 1 mg of Midazolam on the patient's anesthesia record, indicated on the anesthesia drug disposition form the 22.5 mg of Midazolam were wasted, and failed to account for the disposition of the remaining 1.5 mg of Midazolam.

Patient D. S. (No. 5887017)

k. On or about June 24, 1994, Respondent checked out 200 mg (20 ml) of Propofol, a dangerous drug, for patient D. S. (No. 5887017), charted the administration of 200 mg of Propofol on the patient's anesthesia record, and indicated on the anesthesia drug disposition form that 50 mg of Propofol were wasted.

Patient R. R. (No. 5786656)

l. On or about April 29, 1994, Respondent checked out 500 mg (50 ml) of Propofol, a dangerous drug, for patient R. R. (No. 5786656), charted the administration of

150 mg of Propofol on the patient's anesthesia record, and failed to account for the disposition of 350 mg of Propofol.

m. On or about April 29, 1994, Respondent checked out 25 mg (5 ml) of Midazolam (Versed), a dangerous drug, for patient R. R. charted the administration of 4 mg of Midazolam on the patient's anesthesia record, and failed to account for the disposition of 21 mg of Midazolam.

n. On or about April 29, 1994, Respondent checked out 100 mg (2 ml) of Meperidine (Demerol), a controlled substance, for patient R. R., charted the administration of 30 mg of Meperidine on the patient's anesthesia record, and failed to account for the disposition of 70 mg of Meperidine.

Patient M. M. (No. 5796813)

o. On or about June 28, 1994, Respondent checked out 1000 mg (100 ml) of Propofol, a dangerous drug, for patient M. M. (No. 5796813), charted the administration of 400 mg of Propofol on the patient's anesthesia record, indicated on the anesthesia drug disposition form that 500 mg (1 AMP) of Propofol were returned, and failed to account for the disposition of 100 mg of Propofol.

p. On or about June 28, 1994, Respondent checked out 100 mg (2 ml) of Meperidine (Demerol), a controlled substance, for patient M. M., charted the administration of 40 mg of Meperidine on the patient's anesthesia record, indicated on the anesthesia drug disposition form the 80 mg of Meperidine were wasted, which exceeds the total amount of Meperidine checked out for the patient.

Patient B. K. (No. 5870972)

q. On or about May 11, 1994, Respondent checked out 500 mg (50 ml) of Propofol, a dangerous drug, for patient B. K. (No. 5870972), charted the administration of 150 mg of Propofol on the patient's anesthesia record, indicated that 300 mg of Propofol were wasted, and failed to account for the disposition of the remaining 50 mg of Propofol.

r. On or about May 11, 1994, Respondent checked out 400 mcg (8 ml) of Sufentanil, a controlled substance, for patient B. K., charted the administration of 270 mcg of Sufentanil on the patient's anesthesia record, indicated on the anesthesia drug disposition form that 100 mcg (1 AMP) of Sufentanil were returned, and failed to account for the disposition of the remaining 30 mcg of Sufentanil.

s. On or about May 11, 1994, Respondent checked out 25 mg (5 ml) of Midazolam (Versed), a dangerous drug, for patient B. K. The patient's anesthesia record indicates that no Midazolam was administered. Respondent indicated that 4 cc (20 mg) were wasted. Respondent failed to account for the remaining 5 mg of Midazolam.

6. In March of 1994, while on duty at the hospital, Respondent removed an arterial line (A-line) from a patient before the surgery ended, making it unavailable for the end of surgery or the recovery period, should it be needed. However, the evidence was unclear whether this was done at the direction of the surgeon as is sometimes the case, or not. While it may be Hospital protocol for a certified nurse anesthetist to seek approval from a supervising faculty anesthesiologist before removing the A-line, it is clear that the surgeon in charge of the procedure has the authority to order its removal. Thus, if the surgeon ordered the removal of the A-line (and Respondent would have no reason to remove it on his own), such removal would not violate the standard of care. No evidence was presented from which it could be determined that Respondent removed the A-line for any reason other than the surgeon's orders.

In March of 1994, Respondent inadvertently hung a 20 percent Mannitol solution via a patient's A-line. This could have caused serious injury or death to the patient, had it been instilled, but a supervisor discovered the error before the drug was administered.

7. After discovering his use of Fentanyl in 1991, the Hospital helped Respondent to overcome his admitted addiction. His supervisors encouraged him to enroll in diversion, which he did and attended for almost 5 years. He continued to attend AA and NA meetings and have random drug testing even after he left diversion. He also attended group therapy sessions from 1991 on, Respondent was subjected to numerous random drug screenings over the years, and was always found to be in compliance. He entered into psychotherapy, where he was found to have low grade chronic depression. After a series of experiments with different psychotropic medications, Respondent reacted favorably to Wellbutrin, which he is still on today. After leaving diversion, Respondent continued to have random drug tests performed, and has remained drug free since 1991. Although Complainant offered evidence that Respondent engaged in "drug seeking behavior" in late 1997, by requesting significant amounts of Vicodin, the evidence was clear that this drug was ordered and dispensed for medically necessary purposes. Respondent slipped and fell, hurting his ribs. He had also undergone one of numerous painful operations for a cleft palate, for which Vicodin was also prescribed. All of these prescriptions were obtained through Respondent's Kaiser Hospital plan, which maintains a central data bank of all prescriptions issued. No anomalies were noted by Kaiser. It was also through Kaiser that Respondent successfully completed his drug therapy, so that any "backsliding" would probably have been noted by them.

8. The numerous charting errors made by Respondent in 1994 are not easily explained by the evidence, particularly in light of strong evidence from Complainant's own witnesses as to Respondent's competence.¹ First it should be noted that during the entire period in which the charting errors occurred, Respondent had undergone literally dozens of random drug tests, and had passed every one. It is thus clear that illicit drug use did not play any role in the charting errors. It is also clear, from testimony elicited by both parties, that

¹ Dr. James Daniel testified, during Complainant's rebuttal case, that Respondent "could do very nice work on very difficult cases" but that it was Respondent's unpredictable behavior that gave him concern. Dr. Daniels worked with Respondent from 1988 to 1991, while Respondent was still abusing drugs. He has not worked with him since Respondent has been clean and sober.

the Hospital as a whole had a less than stellar reputation for accurate drug charting during this time period. In order to overcome the substantial charting errors noted throughout the Anesthesia Department, the Hospital ordered new drug dispensing machines in 1994, which were placed in service during the time Respondent made the charting errors. It was clear from the evidence that a significant "learning curve" had to be overcome, by all Hospital Staff, before these machines became useful in helping to solve the charting problems. Those problems remained throughout the entire Department for a long time. Respondent himself has "worked on getting better" at charting.

9. The Board reasonably incurred costs, including expenses of the Attorney General, in the total sum of \$10,705.87. There was an irreconcilable conflict in the several declarations presented by Complainant as to the total costs actually incurred. It would be unfair to Respondent to require him to pay a higher amount of costs than could be substantiated by the evidence presented, thus the lowest competently established amount was chosen.

Pursuant to the foregoing Finding of Facts, the Administrative Law Judge makes the following Determination of Issues.

1. Respondent violated the provisions of Business and Professions Code Sections 2761(a) and 2762(b), by reason of Finding 4, thereby subjecting his licenses to discipline.

2. Respondent violated the provisions of Business and Professions Code Section 2761(a)(1) by reason of Findings 5 and 6, thereby subjecting his licenses to discipline.

3. The Board is entitled to recover from Respondent the sum of \$10,705.87 as and for its costs of investigation and prosecution of this matter, under the provisions of Business and Professions Code Section 125.3, by reason of Finding 9.

4. In light of the passage of time that has elapsed since Respondent's improper conduct, and substantial evidence of rehabilitation, it would not be contrary to the public safety to permit Respondent to retain his licensed status, provided it is conditioned as set forth below.

WHEREFORE, THE FOLLOWING ORDER is hereby made:

Registered Nurse license number 295460 and Nurse Anesthetist Certificate number 0680 issued to Respondent Paul Werren are revoked; provided however that said revocation is stayed and Respondent is placed on probation for a period of three (3) years, on the following terms and conditions.

(1) **OBEY ALL LAWS** - Respondent shall obey all federal, state and local laws, and all rules, and regulations of the Board of Registered Nursing governing the practice of nursing in California. A full and detailed account of any and all violations of law shall be reported by the respondent to the Board in writing within seventy-two (72) hours of occurrence. To permit

monitoring of compliance with this term, respondent shall submit completed fingerprint cards and fingerprint fees within 45 days of the effective date of the decision, unless previously submitted as part of the licensure application process.

(2) **COMPLY WITH PROBATION PROGRAM** - Respondent shall fully comply with the terms and conditions of the Probation Program established by the Board and cooperate with representatives of the Board in its monitoring and investigation of the respondent's compliance with the Program. Respondent shall inform the Board in writing within no more than 15 days of any address change and shall at all times maintain an active, current license status with the Board, including during any period of suspension.

(3) **REPORT IN PERSON** - Respondent, during the period of probation, shall appear in person at interviews/ meetings as directed by the Board or its designated representatives.

(4) **ABSENCE FROM STATE** - Periods of residency or practice outside of California will not apply to the reduction of this probationary term. The respondent must provide written notice to the Board within 15 days of any change of residency or practice outside the state.

(5) **SUBMIT WRITTEN REPORTS** - Respondent, during the period of probation, shall submit such written reports/declarations and verification of actions under penalty of perjury as are required. These declarations shall contain statements relative to respondent's compliance with all the terms and conditions of the Board's Probation Program. Respondent shall immediately execute all release of information forms as may be required by the Board or its representatives.

(6) **FUNCTION AS A REGISTERED NURSE** - Respondent, during the period of probation, shall engage in the practice of professional nursing in California for a minimum of 24 hours per week (or as determined by the Board) for 6 consecutive months. Per Section 2732 of the Business and Professions Code, no person shall engage in the practice of registered nursing without holding a license which is in an active status.

(7) **NURSING PRACTICE** - The Board shall be informed of and approve of each agency for which the respondent provides nursing services prior to respondent's commencement of work. The respondent shall inform his/her employer of the reason for and the terms and conditions of probation and shall provide a copy of the Board's decision and order to his/her employer and immediate supervisor. The employer shall submit performance evaluations and other reports as requested by the Board. Respondent is also required to notify the Board in writing within seventy-two (72) hours after termination of any nursing employment. Any notification of termination shall contain a full explanation of the circumstances surrounding it.

(8) **SUPERVISION** - The Board shall be informed of and approve of the level of supervision provided to the respondent while he/she is functioning as a registered nurse. The appropriate level of supervision must be approved by the Board prior to commencement of work. Respondent shall practice only under the direct supervision of a registered nurse in good standing (no current discipline) with the Board of Registered Nursing.

(9) **EMPLOYMENT LIMITATIONS** - Respondent may not work for a nurse registry; temporary nurse agency; home care agency; in-house nursing pool; as a nursing supervisor; as a faculty member in an approved school of nursing; or as an instructor in a Board approved continuing education program. Respondent must work only on regularly assigned, identified and predetermined worksite(s) with appropriate supervision as approved by the Board.

(10) **COMPLETE A NURSING COURSE(S)** - Respondent at his/her expense, shall begin and successfully complete a course(s) in nursing as directed by the Board prior to engaging in the practice of nursing and prior to the end of the probationary term.

The respondent may be suspended from practicing nursing until the necessary coursework is completed. The content of such course(s) and the place and conditions of instruction shall be specified by Board representatives at the time of the initial probation meeting based on the nature of the violation(s). Specific courses must be approved prior to enrollment. The respondent must submit written proof of enrollment and proof of successful completion. Transcripts or certificates of completion must be mailed directly to the Board by the agency or entity instructing the respondent.

Home study or correspondence courses are not acceptable and will not be approved.

(11) **COST RECOVERY** - Respondent shall pay to the Board costs associated with its investigation and enforcement pursuant to Business and Professions Code section 125.3 in the amount of \$10,705.87. Respondent shall be permitted to pay these costs in a payment plan approved by the Board, with payments to be completed no later than three months prior to the end of the probation term.

(12) **VIOLATION OF PROBATION** - If a respondent violates the conditions of his/her probation, the Board after giving the respondent notice and an opportunity to be heard, may set aside the stay order and impose the stayed discipline (revocation/suspension) of the respondent's license.

If during the period of probation, an accusation or petition to revoke probation has been filed against respondent's license or the Attorney General's Office has been requested to prepare an accusation or petition to revoke probation against the respondent's license, the probationary period shall automatically be extended and shall not expire until the accusation or petition has been acted upon by the Board. Upon successful completion of probation, the respondent's license will be fully restored.

(13) **ABSTAIN FROM USE OF PSYCHOTROPIC (MOOD-ALTERING) DRUGS** - Respondent shall completely abstain from the possession, injection or consumption by any route of all psychotropic (mood altering) drugs, including alcohol, except when the same are lawfully prescribed by a licensed physician or dentist as part of documented medical treatment. Respondent shall have sent to the Board, in writing and within fourteen (14) days, by the prescribing physician or dentist, a report identifying the medication, dosage, the date the

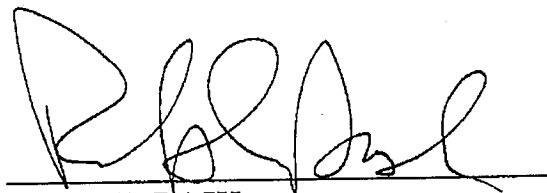
medication was prescribed, the respondent's prognosis, and the date the medication will no longer be required.

(14) **SUBMIT TO TESTS AND SAMPLES** - Respondent, at his/her expense, shall participate in a random, biological fluid testing or a drug screening program which the Board approves. The length of time and frequency will be subject to approval by the Board. The respondent is responsible for keeping the Board informed of respondent's current telephone number at all times and for ensuring that reports are submitted directly by the testing agency to the Board, as directed. Any confirmed positive finding shall be reported immediately to the Board by the program and the respondent will be considered in violation of probation.

In addition, respondent, at any time during the period of probation shall fully cooperate with the Board or any of its representatives, and shall, when requested, submit to such tests and samples as the Board or its representatives may require for the detection of alcohol, narcotics, hypnotics, dangerous drugs, or other controlled substances.

(15) **THERAPY OR COUNSELING PROGRAM** - Respondent, at his/her expense, shall participate in an on-going counseling program until such time as the Board releases him/her from this requirement and only upon the recommendation of the counselor. Written progress reports from the counselor will be required at various intervals.

Dated: 11-24-99



RALPH B. DASH
Administrative Law Judge
Office of Administrative Hearings

RBD:sp

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2 JOSEPH N. ZIMRING, State Bar No. 185916
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5 Attorneys for Complainant
6
7
8

9 **BEFORE THE**
BOARD OF REGISTERED NURSING
DEPARTMENT OF CONSUMER AFFAIRS
10 **STATE OF CALIFORNIA**

11 In the Matter of the Accusation Against:

) Case No. 96-99

12 PAUL WERREN
5616 Mammoth Avenue
13 Van Nuys, California 91401

) OAH No. L-1999030232

) **FIRST AMENDED ACCUSATION**

14 Registered Nurse License No. 295460
15 Nurse Anesthetist Certificate No. 0680

) Date: July 20-22, 1999

) Time: 9:00am

) Place: OAH/LA

16 Respondent.

17 Ruth Ann Terry, R.N., M.P.H., for causes for discipline, alleges:

18 1. Complainant Ruth Ann Terry, R.N., M.P.H., makes and files this First
19 Amended Accusation in her official capacity as Executive Officer, Board of Registered Nursing,
20 Department of Consumer Affairs.

21 2. On August, 31, 1978, the Board of Registered Nursing issued Registered Nurse
22 License number 295460 to Paul Werren ("Respondent"). The license was in full force and effect
23 at all times relevant and will expire on January 31, 2001.

24 3. On July 17, 1984, the Board of Registered Nursing issued Nurse Anesthetist
25 Certificate number 0680 to Respondent. The certificate was in full force and effect at all times
26 relevant and will expire on January 31, 2001.

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1 4. Pursuant to Business and Professions Code section 2750, the Board of
2 Registered Nursing may discipline any licensee, including a licensee holding a temporary or an
3 inactive license, for any reason provided in Article 3 of the Nursing Practice Act.

4 5. Pursuant to Business and Professions code section 2764, the expiration of a
5 license shall not deprive the Board of Registered Nursing of jurisdiction to proceed with a
6 disciplinary proceeding against the licensee or to render a decision imposing discipline on the
7 licensee.

8 6. Pursuant to Business and Professions Code section 125.3, the Board may
9 request the administrative law judge to direct a licensee found to have committed a violation or
10 violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation
11 and enforcement of the case.

12 7. DRUGS

13 "Demerol," a brand of meperidine hydrochloride, a derivative of pethidine, is a
14 Schedule II controlled substance as designated by Health and Safety Code section 11055(c)(16).

15 "Fentanyl" is a Schedule II controlled substance as designated by Health and
16 Safety Code section 11055(c)(8).

17 "Propofol," also known as Diprivan, is a dangerous drug within the meaning of
18 Business and Professions Code section 4211 in that it requires a prescription pursuant to federal
19 law.

20 "Sufenta" is a Schedule II controlled substance as designated by Health and
21 Safety Code section 11055(c)(8).

22 "Versed," a brand of midazolam, is a dangerous drug within the meaning of
23 Business and Professions Code section 4211 in that it requires a prescription pursuant to federal
24 law.

25 8. Respondent has subjected his license and certificate to discipline pursuant to
26 Business and Professions Code section 2761(a) on the grounds of unprofessional conduct, as
27 defined in section 2762(b) of that code, in that on or about May 16, 1991, while on duty at a
28 registered nurse and nurse anesthetist at USC Medical Center in Los Angeles, California, and by

1 his own admission, Respondent used Fentanyl, a controlled substance, to such an extent or in a
2 manner that was dangerous to himself or others or to the extent that such use impaired his ability
3 to conduct his nursing duties with safety to the public.

4 9. Respondent has subjected his license to discipline pursuant to Business and
5 Professions Code section 2761(a) on the grounds of unprofessional conduct, as defined in section
6 2762(e) of that code, in that while on duty as a registered nurse at USC Medical Center in Los
7 Angeles, California, Respondent falsified, made grossly incorrect, and grossly inconsistent or
8 unintelligible entries in hospital and patient records in the following respects:

9 Patient F. G. (No. 9443033)

10 a. On or about June 9, 1994, Respondent signed out 200 mg (20 ml) of Propofol,
11 a dangerous drug, for patient F.G. (No. 9443033), charted the administration of 150 mg of
12 Propofol on the patient's anesthesia record, but indicated on the anesthesia drug disposition form
13 that 100 mg of Propofol were wasted. Therefor, the combined total amount of Propofol
14 administered and wasted exceeds the amount of Propofol signed out for patient F. G. by 50 mg.

15 b. On or about June 9, 1994, Respondent charted the administration of 2 mg of
16 Midazolam (Versed), a dangerous drug, to patient F. G. (No. 9443033) on the patient's
17 anesthesia record, when Midazolam was not signed out for the patient.

18 Patient A. R. (No. 5881073)

19 c. On or about June 8, 1994, Respondent checked out 1000 mg (1000 ml) of
20 Propofol, a dangerous drug, for patient A. R. (No. 5881073), charted the administration of 200
21 mg of Propofol on the patient's anesthesia record, indicated on the anesthesia drug disposition
22 form that 300 mg of Propofol were wasted, and failed to account for the disposition of the
23 remaining 500 mg of Propofol.

24 Patient P. G. (No. 5865958)

25 d. On or about May 27, 1994, Respondent checked out 500 mg (50 ml) of
26 Propofol, a dangerous drug, for patient P. G. (No. 5865958), charted the administration of 200
27 mg of Propofol on the patient's anesthesia record, and failed to account for the disposition of the
28 remaining 300 mg of Propofol.

1 e. On or about May 27, 1994, Respondent checked out 100 mg (2 ml) of
2 Meperidine (Demerol), a controlled substance, for patient P. G., charted the administration of 30
3 mg Meperidine on the patient's anesthesia record, and failed to account for the disposition of the
4 remaining 70 mg of Meperidine.

5 f. On or about May 27, 1994, Respondent charted the administration of 2 mg of
6 Midazolam (Versed), a dangerous drug, on the anesthesia record of patient P. G., when
7 Midazolam was not checked out for the patient.

8 Patient L. C. (No. 5855318)

9 g. On or about July 7, 1994, Respondent checked out 200 mg (20 ml) of
10 Propofol, a dangerous drug, for patient L. C. (No. 5855318), charted the administration of 150
11 mg of Propofol on the patient's anesthesia record, and failed to account for the disposition of the
12 remaining 50 mg of Propofol.

13 h. On or about July 7, 1994, Respondent checked out 25 mg (5 ml) of
14 Midazolam (Versed), a dangerous drug, for patient L. C., charted the administration of 2 mg of
15 Midazolam on the patient's anesthesia record, and failed to account for the disposition of the
16 remaining 23 mg of Midazolam.

17 Patient M. P. (No. 5820078)

18 i. On or about April 29, 1994, Respondent checked out 500 mg of Propofol, a
19 dangerous drug, for patient M. P. (No. 5820078), charted the administration of 100 mg of
20 Propofol on the patient's anesthesia record, indicated on the anesthesia drug disposition form
21 that 300 mg (30 cc) of Propofol were returned, but enters on the CD module that 50 ml (500 mg)
22 were returned, and failed to account for the disposition of the remaining 100 mg of Propofol.

23 Patient J. A. (No. 5886268)

24 j. On or about June 23, 1994, Respondent checked out 25 mg of Midazolam
25 (Versed), a dangerous drug, for patient J. A. (No. 5886268), charted the administration of 1 mg
26 of Midazolam on the patient's anesthesia record, indicated on the anesthesia drug disposition
27 form that 22.5 mg of Midazolam were wasted, and failed to account for the disposition of the
28 remaining 1.5 mg of Midazolam.

1 Patient D. S. (No. 5887017)

2 k. On or about June 24, 1994, Respondent checked out 200 mg (20 ml) of
3 Propofol, a dangerous drug, for patient D. S. (No. 5887017), charted the administration of 200
4 mg of Propofol on the patient's anesthesia record, and indicated on the anesthesia drug
5 disposition form that 50 mg of Propofol were wasted.

6 Patient R. R. (No. 5786656)

7 l. On or about April 29, 1994, Respondent checked out 500 mg (50 ml) of
8 Propofol, a dangerous drug, for patient R. R. (No. 5786656), charted the administration of
9 150 mg of Propofol on the patient's anesthesia record, and failed to account for the disposition of
10 350 mg of Propofol.

11 m. On our about April 29, 1994, Respondent checked out 25 mg (5 ml) of
12 Midazolam (Versed), a dangerous drug, for patient R. R., charted the administration of 4 mg of
13 Midazolam on the patient's anesthesia record, and failed to account for the disposition of 21 mg
14 of Midazolam.

15 n. On or about April 29, 1994, Respondent checked out 100 mg (2 ml) of
16 Meperidine (Demerol), a controlled substance, for patient R. R., charted the administration of 30
17 mg of Meperidine on the patient's anesthesia record, and failed to account for the disposition of
18 70 mg of Meperidine.

19 Patient M. M. (No. 5796813)

20 o. On or about June 28, 1994, Respondent checked out 1000 mg (100 ml) of
21 Propofol, a dangerous drug, for patient M. M. (No. 5796813), charted the administration of 400
22 mg of Propofol on the patient's anesthesia record, indicated on the anesthesia drug disposition
23 form that 500 mg (1 AMP) of Propofol were returned, and failed to account for the disposition of
24 100 mg of Propofol.

25 p. On or about June 28, 1994, Respondent checked out 100 mg (2 ml) of
26 Meperidine (Demerol), a controlled substance, for patient M. M., charted the administration of
27 40 mg of Meperidine on the patient's anesthesia record, indicated on the anesthesia drug
28 \ \ \

1 disposition form that 80 mg of Meperidine were wasted, which exceeds the total amount of
2 Meperidine checked out for the patient.

3 Patient B. K. (No. 5870972)

4 q. On or about May 11, 1994, Respondent checked out 500 mg (50 ml) of
5 Propofol, a dangerous drug, for patient B. K. (No. 5870972), charted the administration of 150
6 mg of Propofol on the patient's anesthesia record, indicated that 300 mg of Propofol were
7 wasted, and failed to account for the disposition of the remaining 50 mg of Propofol.

8 r. On or about May 11, 1994, Respondent checked out 400 mcg (8 ml) of
9 Sufentanil, a controlled substance, for patient B. K., charted the administration of 270 mcg of
10 Sufentanil on the patient's anesthesia record, indicated on the anesthesia drug disposition form
11 that 100 mcg (1 AMP) of Sufentanil were returned, and failed to account for the disposition of
12 the remaining 30 mcg of Sufentanil.

13 s. On or about May 11, 1994 Respondent checked out 25 mg (5 ml) of
14 Midazolam (Versed), a dangerous drug, for patient B. K. The patient's anesthesia record
15 indicates that no Midazolam was administered. Respondent indicated that 4 cc (20 mg) were
16 wasted. Respondent failed to account for the remaining 5 mg of Midazolam.

17 10. Respondent has subjected his license and certificate to discipline pursuant to
18 Business and Professions Code section 2761(a)(1) in that while on duty as a registered nurse and
19 nurse anesthetist at USC Medical Center in Los Angeles, California, Respondent was guilty of
20 gross negligence, within the meaning of Title 16, California Code of Regulations, section 1442,
21 in the following respects:

22 a. On or about May 16, 1991, Respondent was under the influence of drugs while
23 providing patient care, as alleged in paragraph 8 above.

24 b. Respondent was regularly under the influence of fentanyl while on duty and
25 providing patient care.

26 c. Respondent failed to properly document in the patients' charts and narcotic
27 control sheets the charging out, administration and wastage of controlled substances and
28 dangerous drugs, as set forth in paragraph 9 above.

1 d. Respondent removed an arterial line (A-line) from a patient before the surgery
2 ended, making it unavailable for the end of surgery or the recovery period.

3 e. Respondent failed to use basic, common standards of medication
4 administration when he hung and instilled 20 percent Mannitol solution via a patient's
5 intravenous (IV) line without reading the label on the solution bag.

6
7 WHEREFORE, Complainant prays that a hearing be held and that the Board of
8 Registered Nursing make its order:

9 1. Revoking or suspending registered nurse license number 295460 issued to Paul
10 Werren.

11 2. Revoking or suspending registered nurse anesthetist certificate number 0680
12 issued to Paul Werren.

13 3. Ordering Paul Werren to pay to the Board of Registered Nursing its costs and
14 charges in investigating and enforcing the case according to proof at the hearing pursuant to
15 Business and Professions Code section 125.3.

16 4. Taking such other and further action as may be deemed proper and appropriate.

17 DATED: July 16, 1999

18
19 RUTH ANN KERRY, M.P.H., R.N.
20 Executive Officer
21 Board of Registered Nursing
22 Department of Consumer Affairs
23 State of California

24 Complainant

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27
28
03579110-LA1995AD1864

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of the State of California
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5 Attorneys for Complainant

6
7
8 BEFORE THE
BOARD OF REGISTERED NURSING
9 DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA
10

11 In the Matter of the Accusation)
12 Against:)

NO. 96-99

13 PAUL WERREN)
5616 Mammoth Avenue)
14 Van Nuys, California 91401)
Registered Nurse License)
15 No. 295460)
Nurse Anesthetist Certificate)
16 No. 0680)

ACCUSATION

17 Respondent.
18

19 Ruth Ann Terry, R.N., M.P.H., for causes for
20 discipline, alleges:
21

22 1. Complainant Ruth Ann Terry, R.N., M.P.H., makes and
23 files this accusation in her official capacity as Executive
24 Officer, Board of Registered Nursing, Department of Consumer
25 Affairs.

26 ///

27 ///

1 2. On August 31, 1978, the Board of Registered Nursing
2 issued registered nurse license number 295460 and nurse
3 anesthetist certificate to Paul Werren (respondent herein). The
4 license and certificate were in full force and effect at all
5 times pertinent herein and have been renewed through February 29,
6 1996.

7
8 3. Under Business and Professions Code section 2750,
9 the Board of Registered Nursing may discipline any licensee,
10 including a licensee holding a temporary or an inactive license,
11 for any reason provided in Article 3 of the Nursing Practice Act.

12 Under Business and Professions Code section 2764, the
13 expiration of a license shall not deprive the Board of Registered
14 Nursing of jurisdiction to proceed with a disciplinary proceeding
15 against the licensee or to render a decision imposing discipline
16 on the licensee.

17 Under Business and Professions Code section 125.3, the
18 Board may request the administrative law judge to direct a
19 licensee found to have committed a violation or violations of
20 the licensing act to pay a sum not to exceed the reasonable costs
21 of the investigation and enforcement of the case.

22
23 4. DRUGS

24 "Demerol," a brand of meperidine hydrochloride, a
25 derivative of pethidine, is a Schedule II controlled substance as
26 designated by Health and Safety Code section 11055(c)(16).

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1 "Fentanyl," is a Schedule II controlled substance as
2 designated by Health and Safety Code section 11055(c)(8).

3 "Propofol," also known as Diprivan, is a dangerous drug
4 within the meaning of Business and Professions Code section 4211
5 in that it requires a prescription under federal law.

6 "Sufenta," is a Schedule II controlled substance as
7 designated by Health and Safety Code section 11055(c)(8).

8 "Versed," a brand of midazolam, is a dangerous drug
9 within the meaning of Business and Professions Code section 4211
10 in that it requires a prescription under federal law.

11
12 5. Respondent has subjected his license and
13 certificate to discipline under Business and Professions Code
14 section 2761(a) on the grounds of unprofessional conduct, as
15 defined in section 2762(b) of that code, in that on or about
16 May 16, 1991, while on duty as a registered nurse and nurse
17 anesthetist at USC Medical Center in Los Angeles, California, and
18 by his own admission, he used Fentanyl, a controlled substance,
19 to such an extent or in a manner that was dangerous to himself or
20 others or to the extent that such use impaired his ability to
21 conduct his nursing duties with safety to the public.

22
23 6. Respondent has subjected his license to discipline
24 under Business and Professions Code section 2761(a) on the
25 grounds of unprofessional conduct, as defined in section 2762(e)

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27 ///

1 of that code, in that while on duty as a registered nurse at USC
2 Medical Center in Los Angeles, California, he falsified, made
3 grossly incorrect, and grossly inconsistent entries in hospital
4 and patient records in the following respects:

5 Patient F. G. (No. 9443033)

6 a. On or about June 9, 1994, he signed out 200 mg. of
7 Propofol, a dangerous drug, for patient F. G. (No. 9443033),
8 charted the administration of 150 mg. of Propofol on the
9 patient's medication record, but indicated that 100 mg. were
10 returned/wasted.

11 b. On or about June 9, 1994, he charted on the
12 patient's medication record the administration of 2 mg. of
13 Versed, a dangerous drug, to patient F. G. (No. 9443033), when
14 Versed was not signed out for the patient.

15 Patient A. R. (No. 5881073)

16 c. On or about June 8, 1994, he checked out 1000 mg.
17 of Propofol, a dangerous drug, for patient A. R. (No. 5881073),
18 charted the administration of 250 mg. on the patient's medication
19 record, indicated that 300 mg. of Propofol were returned/wasted,
20 and failed to account for the disposition of 450 mg. of Propofol.

21 d. On or about June 8, 1994, he checked out 25 mg. of
22 Versed, a dangerous drug, for patient A. R., charted the
23 administration of 2 mg. of Versed on the patient's medication
24 record, indicated that 20 mg. were returned/wasted, and failed to
25 account for the disposition of 3 mg. of Versed.

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27 ///

1 e. On or about June 8, 1994, he checked out 100 mg. of
2 Demerol, a controlled substance, for patient A. R., charted the
3 administration of 40 mg. of Demerol on the patient's medication
4 record, but indicated a total of 20 mg. were administered, and 60
5 mg. were returned/wasted.

6 Patient P. G. (No. 5865958)

7 f. On or about May 27, 1994, he checked out 500 mg. of
8 Propofol, a dangerous drug, for patient P. G. (No. 5865958),
9 charted the administration of 200 mg. of Propofol on the
10 patient's medication record, and failed to account for the
11 disposition of the remaining 300 mg. of Propofol.

12 g. On or about May 27, 1994, he checked out 100 mg. of
13 Demerol, a controlled substance, for patient P. G., charted the
14 administration of 30 mg. of Demerol on the patient's medication
15 record, and failed to account for the disposition of the
16 remaining 70 mg. of Demerol.

17 h. On or about May 27, 1994, he charted the
18 administration of 2 mg. of Versed, a dangerous drug, on the
19 medication record of patient P. G., when Versed was not checked
20 out for the patient.

21 Patient L. C. (No. 5855318)

22 i. On or about July 7, 1994, he checked out 200 mg. of
23 Propofol, a dangerous drug, for patient L. C. (No. 5855318),
24 charted the administration of 150 mg. of Propofol on the
25 patient's medication record, and failed to account for the
26 disposition of the remaining 50 mg. of Propofol.

27 ///

1 j. On or about July 7, 1994, he checked out 25 mg. of
2 Versed, a dangerous drug, for patient L. C., charted the
3 administration of 20 mg. of Versed on the patient's medication
4 record, and failed to account for the disposition of the
5 remaining 5 mg. of Versed.

6 Patient S. W. (No. 5813891)

7 k. On or about June 1, 1994, he checked out 25 mg. of
8 Versed, a dangerous drug, for patient S. W. (No. 5813891),
9 charted the administration of 9 mg. of Versed on the patient's
10 medication record, indicated that 4 mg. were returned/wasted, and
11 failed to account for the disposition of 19 mg. of Versed.

12 l. On or about June 1, 1994, he checked out 100 mg. of
13 Demerol, a controlled substance, for patient S. W., charted the
14 administration of 40 mg. of Demerol on the patient's medication
15 record, indicated that 40 mg. of Demerol were returned/wasted,
16 and failed to account for the disposition of the remaining 20 mg.
17 of Demerol.

18 Patient M. P. (No. 5820078)

19 m. On or about April 29, 1994, he checked out 500 mg.
20 of Propofol, a dangerous drug, for patient M. P. (No. 5820078),
21 charted the administration of 100 mg. of Propofol on the
22 patient's medication record, indicated that 300 mg. of Propofol
23 were returned/wasted, and failed to account for the disposition
24 of the remaining 100 mg. of Propofol.

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Patient J. A. (No. 5886268)

n. On or about June 23, 1994, he checked out 25 mg. of Versed, a dangerous drug, for patient J. A. (No. 5886268), charted the administration of 1 mg. of Versed on the patient's medication record, indicated that 22.5 mg. of Versed were returned/wasted, and failed to account for the disposition of 1.5 mg. of Versed.

Patient D. S. (No. 5887017)

o. On or about June 24, 1994, he checked out 200 mg. of Propofol, a dangerous drug, for patient D. S. (No. 5887017), charted the administration of 200 mg. of Propofol on the patient's medication record, and indicated that 50 mg. of Propofol were returned/wasted, which exceeds the total amount checked out for the patient.

Patient R. R. (No. 5786656)

p. On or about April 29, 1994, he checked out 500 mg. of Propofol, a dangerous drug, for patient R. R. (No. 5786656), charted the administration of 150 mg. of Propofol on the patient's medication record, and failed to account for the disposition of 350 mg. of Propofol.

q. On or about April 29, 1994, he checked out 25 mg. of Versed, a dangerous drug, for patient R. R., charted the administration of 4 mg. of Versed on the patient's medication record, and failed to account for the disposition of 21 mg. of Versed.

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1 r. On or about April 29, 1994, he checked out 100 mg.
2 of Demerol, a controlled substance, for patient R. R., charted
3 the administration of 30 mg. of Demerol on the patient's
4 medication record, and failed to account for the disposition of
5 70 mg. of Demerol.

6 Patient K. H. (No. 4152031)

7 s. On or about May 13, 1994, he checked out 25 mg. of
8 Versed, a dangerous drug, for patient K. H. (No. 4152031),
9 charted the administration of 2 mg. of Versed on the patient's
10 medication record, indicated that 20 mg. of Versed were wasted,
11 and failed to account for the disposition of 3 mg. of Versed.

12 t. On or about May 13, 1994, he checked out 300 mg. of
13 Sufentanil, a controlled substance, for patient K. H., charted
14 the administration of 150 mg. of Sufentanil on the patient's
15 medication record, indicated that 30 mg. of Sufentanil were
16 wasted and 100 mg. were returned, and failed to account for the
17 disposition of the remaining 20 mg. of Sufentanil.

18 Patient M. T. (No. 8156482)

19 u. On or about May 27, 1994, he checked out 25 mg. of
20 Versed, a dangerous drug, for patient M. T. (No. 8156482),
21 charted the administration of 2 mg. of Versed on the patient's
22 medication record, indicated that 20 mg. of Versed were
23 returned/wasted, and failed to account for the disposition of 3
24 mg. of Versed.

25 Patient M. M. (No. 5796813)

26 v. On or about June 28, 1994, he checked out 1000 mg.
27 of Propofol, a dangerous drug, for patient M. M. (No. 5796813),

1 charted the administration of 400 mg. of Propofol on the
2 patient's medication record, indicated that 500 mg. of Propofol
3 were returned, and failed to account for the disposition of 100
4 mg. of Propofol.

5 w. On or about June 28, 1994, he checked out 100 mg.
6 of Demerol, a controlled substance, for patient M. M., charted
7 the administration of 40 mg. of Demerol on the patient's
8 medication record, indicated that 80 mg. of Demerol were wasted,
9 which exceeds the total amount of Demerol checked out for the
10 patient.

11 Patient B. K. (No. 5870972)

12 x. On or about May 11, 1994, he checked out 500 mg. of
13 Propofol, a dangerous drug, for patient B. K. (No. 5870972),
14 charted the administration of 150 mg. of Propofol on the
15 patient's medication record, indicated that 300 mg. of Propofol
16 were returned/wasted, and failed to account for the disposition
17 of 50 mg. of Propofol.

18 y. On May 11, 1994, he checked out 400 mg. of
19 Sufentanil, a controlled substance, for patient B. K., charted
20 the administration of 270 mg. of Sufentanil on the patient's
21 medication record, indicated that 100 mg. of Sufentanil were
22 returned/wasted, and failed to account for the disposition of 30
23 mg. of Sufentanil.

24 z. On or about May 11, 1994, he checked out 25 mg. of
25 Versed, a dangerous drug, for patient B. K., indicated that 40
26 mg. of Versed were returned/wasted, which exceeds the total
27 amount of Versed checked out for the patient.

1 7. Respondent has subjected his license and
2 certificate to discipline under Business and Professions Code
3 section 2761(a) (1) in that while on duty as a registered nurse
4 and nurse anesthetist at USC Medical Center in Los Angeles,
5 California, he was guilty of gross negligence, within the meaning
6 of Title 16, California Code of Regulations, section 1442, in the
7 following respects:

8 a. On or about May 16, 1991, he was under the
9 influence of drugs while providing patient care, as alleged in
10 paragraph 5 above.

11 b. He failed to properly document in the patients'
12 charts and narcotic control sheets the charging out,
13 administration and wastage of controlled substances and dangerous
14 drugs, as set forth in paragraph 6 above.

15 c. He removed an arterial line (A-line) from a patient
16 before the surgery ended, making it unavailable for the end of
17 surgery or the recovery period.

18 d. He failed to use basic, common standards of
19 medication administration when he hung and instilled 20 percent
20 Mannitol solution via a patient's Intravenous (IV) line without
21 reading the label on the solution bag.

22
23 WHEREFORE, complainant prays that a hearing be held and
24 that the Board of Registered Nursing make its order:

25 1. Revoking or suspending registered nurse license
26 number 295460, and registered nurse anesthetist certificate
27 number 0680 issued to Paul Werren.

1 2. Ordering Paul Werren to pay to the Board of
2 Registered Nursing its costs and charges in investigating and
3 enforcing the case according to proof at the hearing pursuant to
4 Business and Professions Code section 125.3.

5 3. Taking such other and further action as may be
6 deemed proper and appropriate.

7
8 DATED: Feb. 22, 1996

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11
12 Ruth Ann Terry
13 RUTH ANN TERRY, R.N., M.P.H.
14 Executive Officer
15 Board of Registered Nursing
16 Department of Consumer Affairs
17 State of California

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26 Complainant

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